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The Commonwealth of Massachusetts

BOSTON

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

(City or Town making this return)

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Registered No. 150 1

Veterans Administration Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

No. RALPH I ANDERSON

2 FULL NAME. (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, WW I if so specify WAR)

(a) Residence. No. 989 Bennington St. E Boston St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 23 days. In place of residence 11 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 4, 1956 (Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Dec 22, 1955 to Jan 4, 1956 I last saw him alive on death is said to have occurred on the date stated above, at 11:50p m.

INTERVAL BETWEEN ONSET AND DEATH yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Calcific aortic stenosis

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eric Sharton M. D. (Address) VAH, Boston 30 Date 1/5/56 19

6 Winthrop Cem., Winthrop, Mass. (City or Town)

DATE OF BURIAL January 7, 1956 19

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby E. Boston, Mass. ADDRESS

Received and filed FEB 2 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married

10a If married, widowed or divorced HUSBAND of Pauline Hansen (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 5 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation: Salesman (Kind of work done during most of working life)

14 Industry or Business: Shoe

15 Social Security No. 032-013-510

16 BIRTHPLACE (City) Gloucester Mass (State or country)

17 NAME OF FATHER Frank I Anderson

18 BIRTHPLACE OF FATHER (City) Gloucester Mass (State or country)

19 MAIDEN NAME OF MOTHER Lillian V Witham

20 BIRTHPLACE OF MOTHER (City) Gloucester Mass. (State or country)

21 Informant Hospital Records (Address) 150 S. Huntington Ave., Bos

A TRUE COPY Charles H. Mackie ATTEST: (Registrar of City or Town where death occurred)

DATE FILED January 11, 1956 19

302

at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



FEB-9

Jan 28, 1918

Dec 21, 1918

QM 2/c

US Navy

None

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
STATE OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as failure, asphyxia,
means the disease,
implications which
death.

Underlying conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
to the disease or
on causing death.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 2

No. 53 Taft Ave.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Edith M (Maddick) Huby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 6 Myrtle St.
(Usual place of abode)

St. Boston
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 4 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
November 19 1955 to January 4, 1956

I last saw her alive on December 19 1955, death is said to
have occurred on the date stated above, at 4:35 P.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinoma of lung

INTERVAL BE-
TWEEN ONSET
AND DEATH
3 mos

ANTE CEDENT CAUSES Due To Carcinoma of lung

Due To (c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerosis generalized yrs

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify Joseph Egan

(Signed) Joseph Egan M. D.
(Address) Winthrop Date Jan 5 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 6 1956

7 NAME OF FUNERAL DIRECTOR Edward J. Cronin
ADDRESS Winthrop Mass

Received and filed JAN 6 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles G Huby
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 2 17
Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 010-18-0338

16 BIRTHPLACE (City) Hull
(State or country) England

17 NAME OF FATHER Henry Maddick

18 BIRTHPLACE OF FATHER (City) Hull
(State or country) England

19 MAIDEN NAME OF MOTHER Ellen Florence Hill

20 BIRTHPLACE OF MOTHER (City) Charston
(State or country) England

21 Informant Dorothy Fearing
(Address) 53 Taft Ave. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/6/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
DEATH CERTIFICATE

In giving
STATE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

this does not mean
mode of dying, such
as failure, ashenia,
means the disease,
complications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
to the death but not
to the disease or
on causing death.

100M-10-53-910621

PLACE OF DEATH

Suffolk

(County)

Wintthrop

(City or Town)

No. Wintthrop Community Hospital

2 FULL NAME Baby Girl O'Brien

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 12 Undine Ave.

(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 4 1956

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from January 4 1956 to January 4 1956

I last saw her alive on January 4 1956, death is said to

have occurred on the date stated above, at 10:50 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Prematurity

ANTE DUE TO
CEDENT (b)
CAUSES

DUE TO
(c)

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) John F. Cullen M. D.
(Address) 376 Wintthrop Ave., Revere, Mass. Date 4 Jan. 1956

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 9 1956

7 NAME OF FUNERAL DIRECTOR Arthur Porcella

ADDRESS 376 Wintthrop Ave., Revere, Mass.

Received and filed 1-11-56

(Registrar)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 3

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours 8 Hours Minutes

13 Usual Occupation: none
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Wintthrop Mass.
(State or country)

17 NAME OF FATHER William O'Brien

18 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Barbara Carroll

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

21 Informant William O'Brien
(Address) 12 Undine Ave., Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 1/9/56
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

SOM. 11-55-916145

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Chelsea
(City or Town making this return)

Registered No. 5 4

No. Soldiers' Home Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leland G. Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 13 Villa Ave.

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death - years - months - 7 days. In place of residence - years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 7, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1955, to Jan. 7, 1956.
I last saw him alive on Jan. 7, 1956, death is said to have occurred on the date stated above, at 6:10p. m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute myocardia infarction

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Chronic bronchial asthma

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eleanor S. Wang, M. D.
(Address) Soldiers' Home Date 1/7/56

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Jan. 11, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed FEB 8 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Jeannette Young
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 11 Months 16 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Bookkeeper
(Kind of work done during most of working life)

14 Industry or Business: not known

15 Social Security No. not known

16 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

17 NAME OF FATHER Charles P.

18 BIRTHPLACE OF FATHER (City) Winthrop, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Ida Richardson

20 BIRTHPLACE OF MOTHER (City) Brooklyn, N.Y.
(State or country)

21 Informant Hospital Records
(Address)

A TRUE COPY

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Jan. 7, 1956

V.A.V

RECEIVED



FEB-8 1919

Enlisted 2/14/15
Discharged 6/6/19
Pvt. 1/c
Co. 101st Inf.
62890

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

5

1. *in route to Winthrop Community Hospital*
No. *Ulysses G. Hamilton*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
- 2 FULL NAME *Ulysses G. Hamilton*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. *44 Buchanan St. Winthrop*
(Usual place of abode) (If nonresident, give city or town and State)
- Length of stay: In place of death. years. months. days. In place of residence *40* years. months. days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) *no*

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Jan - 8 - 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Myocardial Heart Disease
acute Pulmonary Oedema

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did
Injury occur?
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Manner of Injury *Collapsed on Street*
(Specify type of place)
(How did injury occur)

Nature of Injury *Died quickly*

While at work? Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. Brickley* M. D.
(Address) *Boston* Date *Jan 9 - 1956*

7 *Winthrop Cemetery, Winthrop*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *January 11, 1956*

8 NAME OF FUNERAL DIRECTOR *Ernest P. Caggiano*
ADDRESS *117 Winthrop St., Winthrop*

Received and filed *Jan 11, 1956* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word)
MARRIED *married*
WIDOWED or DIVORCED

11a If married, widowed, or divorced
HUSBAND of *Stella Dean*
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *64* Years *2* Months *21* Days
If under 24 hours
..... Hours Minutes

14 Usual Occupation: *Truck Driver*
(Kind of work done during most of working life)

15 Industry or Business: *Town of Winthrop*

16 Social Security No. *019-12-0062*

17 BIRTHPLACE (City) *East Boston*
(State or country) *Massachusetts*

18 NAME OF FATHER *Unknown Amariah Hamilton*

19 BIRTHPLACE OF FATHER (City) *Unknown Eastport*
(State or country) *Maine*

20 MAIDEN NAME OF MOTHER *Unknown Ellen S. Murray*

21 BIRTHPLACE OF MOTHER (City) *Unknown Halifax*
(State or country) *N.S.*

22 Informant *Mrs. Stella Hamilton*
(Address) *44 Buchanan St. Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *1/9/56* (Date of Issue of Permit)

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

142 Pleasant St

STANDARD
CERTIFICATE OF DEATH

Registered No.

6

2 FULL NAME

Dennis M. O'Brien

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

81 Sunnyside Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....3.....months.....days. In place of residence.....years.....4.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

January 8, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/14/55, 19....., to....., 19.....

I last saw him.....alive on....., 19....., death is said to

have occurred on the date stated above, at....., 7:15 P. m.

INTERVAL BE-
TWEEN ONSET
AND DEATHDISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a)

BRONCHO PNEUMONIA

5 DAYS

ANTE
CEDENT
CAUSES

Due To

(b)

CHRONIC MYOCARDITIS

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? 00

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....

(Signed).....

(Address).....

Date.....

6 Mt. Calvary Boston Mass

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

January 11, 1956

7 NAME OF

FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop Mass.

Received and filed.....

JAN 10 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

10a If married, widowed, or divorced

HUSBAND of.....

Nora Dea

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 68

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Operator

(Kind of work done during most of working life)

14 Industry

or Business:

M. T. A. Railway

15 Social Security No.

16 BIRTHPLACE (City).

(State or country)

Ireland

17 NAME OF
FATHER

Dennis O'Brien

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Mary Winihane

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Mrs Charles Williams

81 Sunnyside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100M-10-53-910621

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
VITAL CERTIFICATE

IN giv-

E OF DEATH

not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
n causing death.

100M-10-53-310621

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No. 7

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Frank G. Balcom
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 3 Chester Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 32 years 18 months 18 days. In place of residence 32 years 18 months 18 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 11 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct 20 1955 to Jan 11 1956I last saw him alive on Jan 10 1955, death is said to
have occurred on the date stated above, at 6:10 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Uremia

INTERVAL BE-
TWEEN ONSET
AND DEATH

6 weeks

ANTE Due To
CEDENT (b) arteriosclerosis
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS metastatic
melanomaMajor findings:
Of operations.

Date of operation. — Was autopsy performed? No

What test confirmed diagnosis? X-Ray, Blood chemistry

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward S. Balcom, M. D.

(Address) 447 Shubert St. Winthrop, Mass. Date 1-11-56

6 Place of Burial or Cremation Tilton N.H.
(City or Town)

DATE OF BURIAL Jan. 13 1956

7 NAME OF FUNERAL DIRECTOR Edward S. Balcom
ADDRESS 447 Shubert St. Winthrop, Mass.

Received and filed JAN 11 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED Married10a If married, widowed or divorced
HUSBAND of Delphia L. Verrill
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 2 Months 6 Days If under 24 hours
Hours Minutes13 Usual Occupation: Ontometrist - Retired
(Kind of work done during most of working life)

14 Industry or Business: Self (Contractor)

15 Social Security No. None

16 BIRTHPLACE (City) Tilton
(State or country) New Hampshire

17 NAME OF FATHER George Balcom

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) Connecticut

19 MAIDEN NAME OF MOTHER Ella Chase

20 BIRTHPLACE OF MOTHER (City) Tilton
(State or country) New Hampshire21 Informant: Delphia L. Balcom
(Address) 3 Chester Ave. Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 1/11/56

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

RECEIVED

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 46, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

Attending physicians will certify to such deaths only as those of persons on whom they have given bedside care during a last illness from disease unrelated to any form of injury.

Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 9

No. 42 Washington Ave - Bay View Nursing Home If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME Elizabeth F. Hanton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 236 Bennington St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 7 years 6 months 3 days. In place of residence 3 years 6 months 3 days.

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
a), (b) and (c)

This does not mean
mode of dying, such
as failure, asphyxia,
etc. means the disease,
complications which
lead to death.

Forbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
ing to the death but not
to the disease or
condition causing death.

Note: Chapter 137,
of 1954, requires
physicians to print or
the cause or causes
death on death
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 14 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct 8, 55 1955 to Jan 14 1956

I last saw h. cr alive on JAN 13 1956 Death is said to
have occurred on the date stated above, at 2304 m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) arteriosclerosis 1953

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE Due To Senility
CEDENT (b) 1953
CAUSES

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS NONE

Major findings:
Of operations. NONE

Date of operation. Was autopsy performed?
What test confirmed diagnosis? stethoscope

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) 6 East Boston Date Jan 14 M. D. 1956
(Address)

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 17 1956

7 NAME OF FUNERAL DIRECTOR Charles H. Tregner
ADDRESS East Boston

Received and filed JAN 16 1956 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F. 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James Hanton
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Manchester N.H.
(State or country)

17 NAME OF FATHER James Carrigan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Betty Bracken

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Betty Hanton
(Address) 236 Bennington St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/16/56 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *10*

No. *259 Boudoin* (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

2 FULL NAME *Ernestine Katherine Raithel*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) *no*

(a) Residence. No. *127 Orange* St. *Chelsea*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *1* years *1* months *1* days. In place of residence *54* years *1* months *1* days.

INSTRUCTIONS
FOR
AL CERTIFICATE

n giving

E OF DEATH

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so for each

, (b) and (c)

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causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *January 14 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *19* to *19*

I last saw h *—* alive on *—*, 19 *—*, death is said to

have occurred on the date stated above, at *6:30 P.M.*

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Natural Causes*

ANTECEDENT CAUSES
Due To (b) *Arteriosclerotic Heart Disease*

Due To (c) *Generalized Arteriosclerosis*

OTHER SIGNIFICANT CONDITIONS

Major findings: *none*

Of operations: *none*

Date of operation: *none* Was autopsy performed? *no*

What test confirmed diagnosis? *—*

5 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify: *Arthur C. Murrain, M.D.*

(Signed) *Winthrop Board of Health*

(Address) *Woodlawn* Date *14 Jan 1956*

6 Place of Burial or Cremation *—* (City or Town)

DATE OF BURIAL *Jan. 18 1956*

7 NAME OF FUNERAL DIRECTOR *Offm. F. Welch*

ADDRESS *118 Broadway Chelsea*

Received and filed *JAN 17 1956*

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR OR RACE *White* 10 SINGLE (write the word) *Widow*
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of *—*

(or) WIFE of *Tobias T. Raithel*
(Give maiden name of wife in full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *72* Years *—* Months *—* Days If under 24 hours *—* Hours *—* Minutes

13 Usual Occupation: *House Wife*
(Kind of work done during most of working life)

14 Industry or Business: *at home*

15 Social Security No. *020-24-6430*

16 BIRTHPLACE (City) *Fitchburg Mass*
(State or country)

17 NAME OF FATHER *Christopher Ziedler*

18 BIRTHPLACE OF FATHER (City) *Germany*
(State or country)

19 MAIDEN NAME OF MOTHER *Margaret Fohrberger*

20 BIRTHPLACE OF MOTHER (City) *Germany*
(State or country)

21 Informant *Arthur Raithel*
(Address) *318 Webster Ave Chelsea*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter T. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/18/56
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. —WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

PLACE OF DEATH

Winthrop
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 11

No. 26 Sturgis St.
2 FULL NAME: Marlene A. Houston
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 26 Sturgis St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death years 5 months days. In place of residence years 5 months days.

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 15 - 1956
(Month) (Day) (Year)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
asphyxiation due to vomitus in pharynx
5 Accident, suicide, or homicide (specify) Accidental
Date and hour of injury Jan - 15 - 1956
Where did Injury occur? Winthrop
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury found dead in her crib
(How did injury occur?)
Nature of Injury
While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?
If so, specify Mrs. F. Brickley
(Signed) M. D.
(Address) Boston Jan. 15 - 1956

7 Smithville Texas
Place of Burial, or Cremation (City or Town)
DATE OF BURIAL Jan 15 1956

8 NAME OF FUNERAL DIRECTOR Rogers Funeral Home
ADDRESS 380 Cambridge St. Cambridge

Received and filed JAN 16 1956 19
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female
10 COLOR OR RACE colored
11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single
11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
12 IF STILLBORN, enter that fact here.
13 AGE Years 5 Months 15 Days If under 24 hours Hours Minutes
14 Usual Occupation: (Kind of work done during most of working life)
15 Industry or Business:
16 Social Security No.:
17 BIRTHPLACE (City) Corpus Christi (State or country) Texas
18 NAME OF FATHER Samuel C. Houston
19 BIRTHPLACE OF FATHER (City) Bastrop, Texas (State or country)
20 MAIDEN NAME OF MOTHER Eva May Green
21 BIRTHPLACE OF MOTHER (City) Corpus Christi (State or country) Texas
22 Informant (Address) Samuel C. Houston 26 Sturgis St. Winthrop
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker Jr.
(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 1/16/56

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown." If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
AL CERTIFICATE

IN giv-
E OF DEATH

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, (b) and (c)

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le of dying, such
failure, asthenia,
means the disease,
lications which
death.

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giving rise to the
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the death but not
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n causing death.

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DOM-3-54-911897

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 12

PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)



No. 218 CLIFF AVENUE

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME

BETSY GOLDSTEIN - NEB' MASON

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No.

(Usual place of abode)

218 CLIFF AVENUE

St.

WINTHROP, MASS.

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years.....months.....days. In place of residence 5 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Jan. 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 1955 to Jan. 1956

I last saw h..... alive on Jan 8, 1956, death is said to

have occurred on the date stated above, at 10:30 a.m.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION CARDIAC DECOMPENSATION

DIRECTLY LEADING TO DEATH (a) Cause of death

CONGESTIVE HEART FAILURE

ANTE
CEDENT
CAUSES

Due To

(b) Arterio Sclerosis

ARTERIO SCLEROSIS

Due To

(c) Hypertension

HYPERTENSION

OTHER

SIGNIFICANT
CONDITIONS

Major findings:

Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Jan 1956 M. D.

(Address) 12 Shirley Ave Date 1/19/1956

6 ANNE DOWIE - WEST ROXBURY

Place of Burial or Cremation (City or Town)

DATE OF BURIAL JANUARY 20 1956

7 NAME OF

FUNERAL DIRECTOR HYMAN J. TOPE

ADDRESS 1615 BEACON ST BROOKLINE

Received and filed JAN 20 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

FEMALE

9 COLOR OR RACE

WHITE

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

MAX GOLDSTEIN

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

HOUSEWIFE

(Kind of work done during most of working life)

14 Industry

or Business:

AT HOME

15 Social Security No.

NONE

16 BIRTHPLACE (City)

VILNA

(State or country)

LITHUANIA

17 NAME OF

FATHER

MORRIS MASON

18 BIRTHPLACE OF

FATHER (City)

VILNA

(State or country)

LITHUANIA

19 MAIDEN NAME

OF MOTHER

TOBE SHEILA

20 BIRTHPLACE OF

MOTHER (City)

VILNA

(State or country)

LITHUANIA

21

Informant

(Address)

ELI S. GOLDSTEIN

43 IRVING ST. WEST MEAD

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1/20/56

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE1. In giving
information of DEATH2. Do not enter
more than one
cause for each
(b) and (c)3. If the death does not mean
failure, asthenia,
means the disease,
indications which
death.4. If the death is due to
underlying conditions,
giving rise to the
use (a) stating
underlying cause5. If the death is contrib-
uted to the death but not
due to the disease or
causing death.

PLACE OF DEATH

1

No.

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death... years... months... days. In place of residence... years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

4 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

have occurred on the date stated above, at

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) ACUTE CORONARY OCCLUSION

ANTE
CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

Date of operation... Was autopsy performed?

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

6

Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JAN 25 1956

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

13

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 50 Years Months Days

If under 24 hours

Hours Minutes

13 Usual
Occupation:

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)17 NAME OF
FATHER18 BIRTHPLACE OF
FATHER (City)

(State or country)

19 MAIDEN NAME
OF MOTHER20 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

21 Informant
(Address)I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health of other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATE

a giving
OF DEATH
not enter
than one
e for each
(b) and (c)

does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ons, if any,
gave rise to
cause (a),
g the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

WINTHROP

(City or Town making this return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 14

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

2 FULL NAME Baby Boy MONTEIRO

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran, No
if so specify WAR)

(a) Residence. No. 208 Saratoga St.

(Usual place of abode)

St. East Boston, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 23, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan. 23, 1956, to....., 19.....I last saw h.....alive on....., 19....., death is said to
have occurred on the date stated above, at.....m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

INTERVAL
BETWEEN
ONSET AND
DEATH

0

Due To (b) Prematurity (5 months)

Due To (c)

5 mos

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Mo
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Joseph Zambella, M. D.

(Address) East Boston Date 1-23 1956

6 Holy Cross Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 24, 1956

7 NAME OF FUNERAL DIRECTOR DiPietro & Vazza

ADDRESS East Boston, Mass.

Received and filed January 24, 1956

(Registrar)

A TRUE COPY ATTEST:

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male

9 COLOR White

10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop - C. Boston
(State or country) Mass. - Mass.

17 NAME OF FATHER Joseph Monteiro

18 BIRTHPLACE OF FATHER (City) Boston

(State or country) Mass.

19 MAIDEN NAME OF MOTHER Emely Marcella

20 BIRTHPLACE OF MOTHER (City) Boston

(State or country) Mass.

21 Informant Joseph Monteiro
(Address) 208 Saratoga St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (ahc)

(Signature of Agent of Board of Health or other)

Health Officer Jan. 24, 1956

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEnot enter
more than one
cause for each
(b) and (c)

does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.

bid conditions,
giving rise to the
use (a) stating
underlying cause

ditions contrib-
the death but not
to the disease or
causing death.

Chapter 137,
1954, requires
ans to print or
cause or causes
ath on death
ates.

50M-3-54-911887

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. 15

To be filed for burial permit
with Board of Health
or its Agent.

2 FULL NAME Elizabeth Murphy Rest Home
125 Cliff Ave.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 86 Shirley Street
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 70 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 24 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 1947 to Jan. 24 1956

I last saw her alive on Jan. 24 1956, death is said to have occurred on the date stated above, at 8:00 P. M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Hypertensive-Arterio
Sclerotic Ht. Disease 6yrs.

ANTE DUE TO
CEDENT (b) Diabetes Mellitus 10yrs.
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Mucous Colitis. 8yrs.

Major findings:
Of operations. None

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify Charles L. Liberman M. D.
(Signed) (Address) Winthrop, Mass. Date 1/25/1956

6 Glenwood Cemetery Everett Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 27 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. JAN 25 1956 JAN 26 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James E. M. Bigelow (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 10 Months 26 Days If under 24 hours Hours Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER George W. Tatreau

18 BIRTHPLACE OF FATHER (City) Swanton (State or country) Vermont

19 MAIDEN NAME OF MOTHER Emma Kemp

20 BIRTHPLACE OF MOTHER (City) Portland (State or country) Maine

21 Informant Edward G. Bigelow (Address) 83 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker (Signature of Agent of Board of Health of other) Health Officer (Official Designation) 1/26/56 (Date of Issue of Permit) V.H.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JAN 26



M R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
the disease or
causing death.

100M-10-53-910621

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 16

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary E. Hesenius

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 2 Edgar Terrace
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 24, 1956

(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from

Nov 16, 1955 to Jan 24, 1956

I last saw her alive on Jan 24, 1956, death is said to

have occurred on the date stated above, at 5:45 P.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Heart Disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

yrs

ANTECEDENT
CAUSES

Due To

(b)

(c)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date Jan 25, 1956

6 Place of Burial or Cremation Winthrop
(City or Town)

DATE OF BURIAL

January 27, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed. JAN 26 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George F. Hesenius

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 011-07-3390

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER William Mulloy

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Adelaide Crandall

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant Mrs Thomas Fulham
(Address) 22 Laeh St Melrose MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)1/26/56
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JAN 26

PH



RECEIVED

M R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
PLACE OF DEATHDo not enter
more than one
cause for each
(b) and (c)s does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
underlying causeditions contrib-
the death but not
to the disease or
causing death.

100M-10-53-910621

PLACE OF DEATH

1

Suffolk (County)

Winthrop (City or Town)

No.

WINTHROP COMMUNITY HOSPITAL

2 FULL NAME

MARIA GIACINTA BARBONE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

15 SEAVIEW AVENUE

Revere

(If nonresident, give city or town and State)

Length of stay: In place of death: — years — months — days. In place of residence 35 years — months — days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Jan (Month)

25 (Day)

1956 (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 1954 to Jan. 25, 1956

I last saw her alive on Jan. 25, 1956 death is said to

have occurred on the date stated above, at 5:15 P.M.

DISEASE OR CONDITION
DIRECTLY LEADINGTO DEATH (a) Hypertensive heart dis.
HYPERTENSIVE HEART DIS.

ANTECEDENT CAUSES

Due To (c)

Hypertension
HYPERTENSIONOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation: Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Mary J. Wernick

(Address) 56 Shirley Ave

Date Jan 25, 1956

6 Holy Cross Cemetery, Malden (City or Town)

DATE OF BURIAL

January 28, 1956

7 NAME OF FUNERAL DIRECTOR

Charles Bruno & Son

ADDRESS

14 Proctor Ave, Revere, Mass

Received and filed

JAN 27 1956

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

17

(If death occurred in a hospital or institution,
State give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

FEMALE

9 COLOR OR RACE

WHITE

10 SINGLE (write the word)

MARRIED WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of PASQUALE BARBONE
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 69

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

housewife

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF FATHER

RAFFAELE

FABIANO

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

MADDALENA PASSARO

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Eleanor Grassa (daughter)
18 Seaview Ave, Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Walter J. Oakes
Health Officer

(Date of Issue of Permit)

1/27/56

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
(County)
WINTHROP
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 18

No. 109 PLEASANT ST WINTHROP MASS St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME AGNES GALLAGHER MURPHY.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 109 PLEASANT St. WINTHROP MASS
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 1/2 years months days. In place of residence 2 1/2 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
SE OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as failure, asthenia,
means the disease,
implications which
death.

Forbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 27 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 1955 to Jan 27 1956
I last saw her alive on Jan 27 1956 death is said to have occurred on the date stated above, at 4:30 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) HYPERTENSION

ANTECEDENT CAUSES Due To (b) HYPERTENSION

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Frank H. Carr M. D.
(Address) 79 Elm St Charlestown Date 1/27 1956

6 OAK GROVE MEDFORD MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JANUARY 30 1956

7 NAME OF FUNERAL DIRECTOR FRANK H. CARR
ADDRESS 79 ELM ST CHARLESTOWN MASS.

Received and filed. JAN 30 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR OR RACE WHITE 10 SINGLE MARRIED WIDOWED or DIVORCED WIDOW (write the word)

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of WILLIAM JOSEPH MURPHY (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: HOUSE WORK (Kind of work done during most of working life)

14 Industry or Business: OWN HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) LONDON DERRY (State or country) IRELAND

17 NAME OF FATHER DANIEL GALLAGHER

18 BIRTHPLACE OF FATHER (City) LONDON DERRY (State or country) IRELAND

19 MAIDEN NAME OF MOTHER MARY BRADLY

20 BIRTHPLACE OF MOTHER (City) LONDON DERRY (State or country) IRELAND

21 Informant MISS HELENE MURPHY (Address) 109 PLEASANT ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/30/56 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

19

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

41 Washington Ave

STANDARD
CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Anna B. Gorman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 15 Floyd St
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 4 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 30 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
Nov. 17, 1952 to Jan. 30, 1956I last saw her alive on Jan. 29, 1956 death is said to
have occurred on the date stated above, at 7:55 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC &
HYPERTENSIVE HEART DIS.

5 YRS.

Due To GENERALIZED ARTERIO-
(b) SCLEROSIS

10 YRS.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS ACUTE & CHRONIC
PYELONEPHRITIS

34 YRS.

Was autopsy performed?

What test confirmed diagnosis: CLINICAL & LAB.

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify

(Signed) M. Traubstein Jr. M.D.

(Address) 562 SHIRLEY ST. WINTHROP MA. 01956

6 Maple St. Cemetery Adams Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 2, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
Winthrop, Mass

Received and filed 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William J. Gorman
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 102 5 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. North Adams

16 BIRTHPLACE (City) Mass
(State or country)

17 NAME OF FATHER Thomas Eaton

18 BIRTHPLACE OF FATHER (City) Williamstown
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary Harrington

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Frank C Gorman
(Address) 15 Floyd St. Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/3/56

V.B.V.

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
have rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ans to print or
e cause or
of death on
certificates.

100-11-55-916145

ATTORNEY GENERAL

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Suffolk

(County)

Winthrop

(City or Town)

No.

104 Highland Avenue

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

20

To be filed for burial permit
with Board of Health
or its Agent.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Alice Reed Fahey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

133 Highland Avenue

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 6 days. In place of residence 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 31, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from March 1956, to Jan 30, 1956

I last saw him alive on Jan 30, 1956 death is said to have occurred on the date stated above, at 5:30 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular

Hemorrhage

Due To

(b)

Arteriosclerosis
Generalized

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Pease Day Cemetery, N. Walpole, N. H.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL February 3, 1956

7 NAME OF

FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female White

MARRIED married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John T. Fahey

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 68 Years. Months. Days

If under 24 hours

Hours. Minutes

13 Usual

Occupation: housewife

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Bellows Falls N.H.
Vermont

17 NAME OF

FATHER

George Reed

18 BIRTHPLACE OF

FATHER (City)

Bellows Falls.

(State or country)

Vermont

19 MAIDEN NAME

OF MOTHER Ellen Dorney

20 BIRTHPLACE OF

MOTHER (City)

No. Walpole

(State or country)

New Hampshire

21

Informant

(Address) John T. Fahey
133 Highland Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

1/31/56
(Date of Issue of Permit)

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ons, if any,
ave rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
e for each
(b) and (c)

does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 20

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Highland Avenue

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Alice Reed Fahey
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 133 Highland Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 6 days. In place of residence. 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 31, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 1953, to Jan 30, 1956

I last saw h. alive on Jan 30, 1956 death is said to

have occurred on the date stated above, at 5:30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular
Hemorrhage

24 hrs

(b) Arteriosclerosis
Generalized

yrs

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph J. Grogan, M. D.

(Address) 190 Washington St., Boston, Mass. Date 1-31-1956

Peeb Day Cemetery, N. Walpole, N. H.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 3, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed. 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John T. Fahey
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)14 Industry
or Business:15 Social Security No. Bellows Falls, N.H. 1/31/56
16 BIRTHPLACE (City) Vermont (State or country)

17 NAME OF FATHER George Reed

18 BIRTHPLACE OF FATHER (City) Bellows Falls.
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Ellen Dorney

20 BIRTHPLACE OF MOTHER (City) No. Walpole
(State or country) New Hampshire21 Informant John T. Fahey
(Address) 133 Highland Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/31/56

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Feb 8 1956

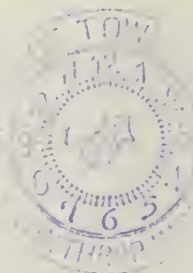
Board of Health
Winthrop - Mass.
Gentlemen:

On Burial Permit #18 for
Alice Hakey this has been charged
to Entombment in Fenton & Hennessey
Private Vault, Bellows Falls, Vermont.

We have charged the permit
we have here.

Very truly yours
Fenton & Hennessey

RECEIVED



FEB-9 1904

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
use for each
(a), (b) and (c)

his does not mean
of dying, such
failure, ashenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
ause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
on causing death.

50m-(b)-11-49-930,560

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No.

104 HIGHLAND AVE

2 FULL NAME

RAY NYMAN RAYMAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

104 HIGHLAND AVE

St.

WINTHROP

(If nonresident, give city or town and State)

Length of stay: In place of death

5/12

years

months

days

In place of residence

5/12

years

months

days

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

JANUARY 31, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

JAN. 29, 1956, to JAN. 31, 1956

I last saw him alive on JAN. 31, 1956, death is said to

have occurred on the date stated above, at 9:50 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

ARTERIOSCLEROTIC
HEART DISEASE

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 YRS

ANTE Due To

CEDENT (b)

CAUSES

GENERALIZED
ARTERIOSCLEROSIS

10 YRS.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

PARKINSON'S DISEASE-
SEVERE

10 YRS.

Major findings:

Of operations

NONE

Date of operation

Was autopsy performed?

NO

What test confirmed diagnosis?

CLINICAL & LABORATORY

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. T. Fournier
562 SHIRLEY ST, WINTHROP
JAN. 31, 1956

6 Place of Burial or Cremation

WILCOMER (City or Town)

DATE OF BURIAL

FEBRUARY 1, 1956

7 NAME OF

FUNERAL DIRECTOR

ARROY GALON

ADDRESS

1662 BEACON ST, B'KLYN

Received and filed

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

21

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

NO

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

MALE

9 COLOR OR RACE

WHITE

10 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

SINGLE

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

39

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

MERCHANT

(Kind of work done during most of working life)

14 Industry

or Business:

RETIRED

15 Social Security No.

NONE

16 BIRTHPLACE (City)

(State or country)

RUSSIA

17 NAME OF

FATHER

THEODORE RAYMAN

18 BIRTHPLACE OF

FATHER (City)

(State or country)

RUSSIA

19 MAIDEN NAME

OF MOTHER

TOBE VIESS

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

RUSSIA

21

Informant

(Address)

ETHEL R EDGERS

197 COMM AVE - NEWTON

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

2/1/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

New England Center Hospt.

No.

Robert S Floyd

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

249 Shore Drive

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Jan. 6/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 25 19 55

Jan. 6 19 56

I last saw him alive on Jan/6 19 56 death is said to

have occurred on the date stated above, at 9:55 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hodgkin's Disease

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

R H Resnick

(Signed)

(Address)

New Eng. Ctr. Hospt

1-7

19 56

6

Place of Burial or Cremation

(City or Town)

Winthrop Cem-Winthrop Mass.

DATE OF BURIAL

Jan/10/56

19

7 NAME OF FUNERAL DIRECTOR

A J O'Maley

ADDRESS

Winthrop Mass.

Received and filed

FEB 1 1956

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No.

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

{(Was deceased a U. S. War Veteran, if specify WAR)}

WW #1

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Catherine Osgood

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 69 Years Months Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

Tavern Prop. Tavern

(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston Mass.

17 NAME OF FATHER

Charles Floyd

18 BIRTHPLACE OF FATHER (City)

(State or country)

Haverhill Mass.

19 MAIDEN NAME OF MOTHER

McConnell

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston Mass.

21

Informant

(Address)

Catherine Floyd

A TRUE COPY

ATTEST:

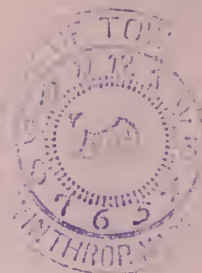
(Registrar of City or Town where death occurred)

DATE FILED

Jan/12/56

19

RECEIVED



FEB 10

Entered Service June 5, 1918

Discharged Jan. 15, 1919

Electrician 3 Cl

U.S. Navy

1509996 Service No.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 164 Nahant Ave

2 FULL NAME

Ralph B. Halford

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 164 Nahant Ave Winthrop

(Usual place of abode)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 23

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In place of death 50 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Feb. 4 - 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Hypertensive Heart Disease
General Arterio Sclerosis

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did
injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of
injuryNature of
injury

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

7

Place of Burial, or Cremation.

DATE OF BURIAL

8 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

11a If married, widowed, or divorced

HUSBAND of

Elizabeth Leitch

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

73

2

Months

18

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Optical

(Kind of work done during most of working life)

15 Industry

or Business:

Wholesale

16 Social Security No.

030-07-5869

17 BIRTHPLACE (City)

Somerville

(State or country)

Mass.

18 NAME OF

FATHER

Isaac Halford

19 BIRTHPLACE OF

FATHER (City)

(State or country)

England

20 MAIDEN NAME

OF MOTHER

Elizabeth Dunbar

21 BIRTHPLACE OF

MOTHER (City)

(State or country)

Hingham

Mass.

22

Informant

(Address)

Elizabeth Halford

164 Nahant Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V/V

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

1248

21

Robert Bent Brigham Hospt.

No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Florence M Roe

2 FULL NAME.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

71 Birch Road

Winthrop Mass.

(a) Residence. No.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 23.....days. In place of residence 35.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Feb. 5/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan. 13, 1956

to

Feb. 5, 1956

I last saw him alive on Feb. 1, 1956, death is said to

have occurred on the date stated above, at 6:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

 (a) Septicemia with broncho pneumonia cirrhosis of liver 2 Yrs
 Peritonitis and pericarditis

Due To (b)

Due To (c)

 OTHER SIGNIFICANT CONDITIONS Rheumatic heart dis.
 diabetes mellitus

4 Yrs

Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

 5 Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Arthur P Hall

M. D.

(Address) Robert Bent Brigham Hospt 2-5

Date

1956

Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 8/56

19

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop Mass.

Received and filed FEB 29 1956

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

 MARRIED Married
 WIDOWED
 or DIVORCED

10a If married, widowed, or divorced HUSBAND of Louis A Roe

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days

 If under 24 hours
 Hours Minutes

 13 Usual Occupation: Housewife
 (Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No.

16 BIRTHPLACE (City) Gloucester Mass.
(State or country)

17 NAME OF FATHER

Alfred Schiveree

18 BIRTHPLACE OF FATHER (City)

P.E.I.

(State or country)

19 MAIDEN NAME OF MOTHER

Judith Peters

20 BIRTHPLACE OF MOTHER (City)

P.E.I.

(State or country)

21 Informant L.A Roe Husband
(Address)

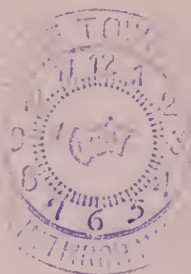
A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Feb. 14/56

V.B.

RECEIVED



FEB 29 19

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

25

STANDARD CERTIFICATE OF DEATH

Registered No. _____

PLACE OF DEATH

1

Wentham
(City or Town)
Wentham Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. _____

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

John Ricciardi

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) _____

(a) Residence. No. _____

(Usual place of abode)

56 Homer St., East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. _____ years. _____ months. _____ days. In place of residence. _____ years. _____ months. _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *FEB. 7 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *FEB. 3, 1956*, to *FEB. 7, 1956*

I last saw him alive on *FEB. 7, 1956* death is said to have occurred on the date stated above, at *9:30 A.M.*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *ATELECTASIS*

Due To (b) *CONGENITAL HEART DISEASE*

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? *YES*

What test confirmed diagnosis? *Autopsy*

5 Was disease or injury in any way related to occupation of deceased? *NO*
If so, specify _____

(Signed) *Maurice Traubstein, Jr.*, M. D.

(Address) *562 SHIRLEY ST. WINTHROP, MASS.* Date *FEB. 7 1956*

6 *Holy Cross Cemetery*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Feb 8 1956*

7 NAME OF FUNERAL DIRECTOR *William E. Egan*

ADDRESS *171 Seratoga St. East Boston*

Received and filed *FEB 8 1956*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR *White* 10 SINGLE (write the word) *Single*
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE _____ Years _____ Months *4* Days _____ If under 24 hours
Hours _____ Minutes

13 Usual Occupation: _____
(Kind of work done during most of working life)

14 Industry or Business: _____

15 Social Security No. _____

16 BIRTHPLACE (City) *Wentham Mass*
(State or country)

17 NAME OF FATHER *Albert Ricciardi*

18 BIRTHPLACE OF FATHER (City) *East Boston*
(State or country) *Mass*

19 MAIDEN NAME OF MOTHER *Marilyn (Lewis)*

20 BIRTHPLACE OF MOTHER (City) *Cherestown*
(State or country) *Mass*

21 Informant *Albert Ricciardi*
(Address) *Father*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *3/8/56* (Date of Issue of Permit)

X

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
te n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

FEB-13



RECEIVED

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24638

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. 34 Arcadia St.

2 FULL NAME

Walter J. Kenney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 34 Arcadia St.

(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 30 years.....months.....days.

The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No.

26

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

WW 2

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 9, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary Heart Disease

Acute cardiac Dilatation

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury Collapsed suddenly

(How did injury occur?)

Nature of Injury Died quickly

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Brickley, M.D.

(Address) Boston Date Feb. 9 19 56

7 Place of Burial, or Cremation, Winthrop Winthrop
(City or Town)

DATE OF BURIAL February 13, 19 56

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed MAR 8 1956 19 56

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED Single WIDOWED or DIVORCED

11a If married, widowed, or divorced

HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 58 Years.....Months.....Days If under 24 hours Hours.....Minutes

14 Usual Occupation Retired Policeman
(Kind of work done during most of working life)

15 Industry or Business Police Dep't

16 Social Security No.

17 BIRTHPLACE (City) Somerville
(State or country) Mass.

18 NAME OF FATHER Nicholas E. Kenney

19 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Eva J. Wallace

21 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

22 Informant Eva J. Kenney
(Address) 34 Arcadia St., Revere

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED February 14, 19 56

DATE OF ENTERING MILITARY SERVICE

*-----September 11, 1942

DATE OF DISCHARGE

-----May 16, 1945

RANK, RATING

-----Sepc. 1cl Port Security

ORGANIZATION AND OUTFIT

-----U.S.C.G.

SERVICE NUMBER

-----595-647

RECEIVED



MAR-8

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
the, or compli-
which caused

ns, if any,
ave rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 27

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Florence Irene Countaway

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 51 Somerset Avenue

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 7 months 7 days. In place of residence 40 years 7 months 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 18 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 1955, to Feb 17 1956

I last saw her alive on 2-17 1956, death is said to have occurred on the date stated above, at 6:40 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis

Due To

(b)

INTERVAL
BETWEEN
ONSET AND
DEATH

7 mos.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS Thyroid adenomaWas autopsy performed? yes
What test confirmed diagnosis? autopsy5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. B. Greenfield, M. D.

(Address) 447 Church St. W. Winthrop, Mass. Date 2-20 1956

6 Winthrop Cemetery, Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 21 1956

7 NAME OF FUNERAL DIRECTOR Alfred J. Marshall

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 21 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Obediah R. Countaway
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 5 Months 24 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 011-20-9904

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Andrew Millington

18 BIRTHPLACE OF FATHER (City) Liverpool
(State or country) England

19 MAIDEN NAME OF MOTHER Harriet Giller

20 BIRTHPLACE OF MOTHER (City) Liverpool
(State or country) England21 Informant (Address) Obediah R. Countaway
51 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 2/21/56
(Official Designation) (Date of Issue of Permit)

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service or wages, however, designate the occupation by the appropriate terms, as housekeeper—private family cook—hotel, etc. For a person who had no occupation whatever while alive.

SPACE FOR ADDITIONAL INFORMATION

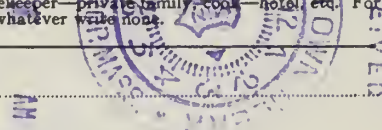
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 28

PLACE OF DEATH

Suffolk
(County)

Vinthrop
(City or Town)



No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Eva M. Hallberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 160 Woodside Ave
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 17 years. months. days. In place of residence. 17 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 20, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 19, 1956, to Feb. 20, 1956

I last saw her alive on Feb. 20, 1956 death is said to
have occurred on the date stated above, at 7:20 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH
18 hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

Due To (b) Hypertension

2 yrs.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS None

Was autopsy performed? No
What test confirmed diagnosis Clinical

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date 2/20/1956

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL February 23, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass.

Received and filed FEB 21 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Reinhold L. Hallberg
(Give maiden name of wife in full)

(or) WIFE of Reinhold L. Hallberg
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 4 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Forest Glen
(State or country) Nova Scotia

17 NAME OF FATHER Burpee Brittain

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Mary Allen

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

21 Informant Reinhold L. Hallberg
(Address) 160 Woodside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

Health Officer 2/21/56
(Official Designation) (Date of Issue of Permit)

V. B. V.

R-301A

CTIONS
OR
CERTIFICATE

giving
OF DEATH

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Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family; cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
have rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ans to print or
e cause or
of death on
certificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

29

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. _____

No. 14 Brookfield Road

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Alice M. Williams

(If deceased is a married, widowed or divorced woman, give also maiden name.)

14 Brookfield Road

Winthrop

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years.....months.....days. In place of residence 1 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 21, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 55, 1955, to Feb 21, 1956

I last saw her alive on Feb 21, 1956, death is said to

have occurred on the date stated above, at 5 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Arterio-
sclerosisDue To Generalized Arterio-
(b) sclerosisDue To _____
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop, Mass Date Feb 23, 1956

6 Holyhood Cemetery Brookline
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 24, 1956

7 NAME OF FUNERAL DIRECTOR A. M. Kelly

ADDRESS 223 Massachusetts Av. Arlington

Received and filed FEB 23 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of Llewellyn A. Williams
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 1 Months 23 Days If under 24 hours
Hours.....Minutes13 Usual Occupation School Teacher
(Kind of work done during most of working life)

14 Industry or Business City of Boston

15 Social Security No. none

16 BIRTHPLACE (City) Pennsylvania
(State or country)

17 NAME OF FATHER Edward A. Smith

18 BIRTHPLACE OF FATHER (City) Rouses Point
(State or country) New York

19 MAIDEN NAME OF MOTHER Margaret Carroll

20 BIRTHPLACE OF MOTHER (City) New Jersey
(State or country)21 Informant Carroll E. Williams (son)
(Address) 14 Brookfield Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Sealek Office 2/23/56
(Official Designation) (Date of Issue of Permit)

X

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
t-e n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or im-
mediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registra-
tion. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the follow-
ing rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism, (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very import-
ant, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupa-
tion had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

P1803
ST.

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH.....February 23 1956.....
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

FRACTURE OF FEMUR
BRONCHOPNEUMONIA

5 Accident, suicide, or homicide (specify).....Accident.....
Date and hour of injury.....2/4 1956.....
Where did injury occur?.....Winthrop.....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place?.....Home.....
(Specify type of place)
Manner of injury.....an accidental fall.....
Nature of injury.....fracture of femur.....
(How did injury occur?)
While at work?.....Was autopsy performed?.....no.....

6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed).....Thelma Thompson..... M. D.
(Address).....35 Shattuck Street.....
Date.....1956.....

7 Place of Burial, or Cremation.....Winthrop.....
(City or Town)
DATE OF BURIAL.....Feb 27 1956.....

8 NAME OF FUNERAL DIRECTOR.....Victoria G. Remond.....
ADDRESS.....180 Winthrop St. Winthrop.....

Received and filed.....FEB 27 1956.....19

(Registrar)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

30

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR).....

PERSONAL AND STATISTICAL PARTICULARS

9 SEX.....Female..... 10 COLOR OR RACE.....White..... 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE.....86 Years.....0 Months.....22 Days..... If under 24 hours Hours.....Minutes

14 Usual Occupation.....Housekeeper.....
(Kind of work done during most of working life)

15 Industry or Business.....At home.....

16 Social Security No.....None.....

17 BIRTHPLACE (City).....Winthrop.....
(State or country).....Mass.

18 NAME OF FATHER.....William B. Floyd.....

19 BIRTHPLACE OF FATHER (City).....Winthrop.....
(State or country).....Mass.

20 MAIDEN NAME OF MOTHER.....Samah A. Wilson.....

21 BIRTHPLACE OF MOTHER (City).....Saugus.....
(State or country).....Mass.

Informant (Address).....Isabella H. Marsh.....
325 Broadway St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker.....
(Signature of Agent of Board of Health or other)

Death Officer (Official Designation).....3/5/56.....
(Date of Issue of Permit)

V.L.V.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including, ~~including~~, septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope, while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
have rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ins to print or
the cause or
of death on
certificates.DWT
M.C.

100M-11-55-916145

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. 47 Bartlett Parkway

2 FULL NAME. Mary Ellen Fulham
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 47 Bartlett Parkway
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence 50 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 27, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 3, 1950, to February 27, 1956
I last saw her alive on February 27, 1956, death is said to
have occurred on the date stated above, at 12:05 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

Due To Hypertension
(b)Due To Arteriosclerosis
(c)OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart
Disease

Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) John F. Collins M.D., M. D.

(Address) 27 Bennington St., Date Feb. 27, 1956
Revere 51, Massachusetts6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 1, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed. FEB 28 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 31

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Nicholas L. Fulham
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER James Barrett

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Ann Gosnell

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Thomas Fulham
(Address) 47 Bartlett ParkwayI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Walter D. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/28/56 (Date of Issue of Permit)
V.B.V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No.

STANDARD
CERTIFICATE OF DEATH

Registered No.

32

2 FULL NAME

Louis Saffe

(If deceased is a married, widowed or divorced woman, give also maiden name.)

245 River Road

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... 12 days. In place of residence 25 years..... months..... days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, NO.
if so specify WAR)

INSTRUCTIONS
FOR
FILLING OUT
THIS
CERTIFICATE

in giving
OF DEATH

not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

rbid conditions,
giving rise to the
cause (a) stating
derlying cause

ditions contrib-
the death but not
o the disease or
causing death.

Chapter 137,
of 1954, requires
ians to print or
e cause or causes
ath on death
ates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Feb. 29, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY. That I attended deceased from

June 1940 to Feb. 29, 1956

I last saw him alive on Feb. 29, 1956 death is said to

have occurred on the date stated above, at 4:50 P.M.

INTERVAL BE-
TWEEN ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Cardiac Decompensation.

4 wks.

ANTECEDENT CAUSES

Due To

(b)

Coronary Artery Heart Disease

4 yrs.

Due To

(c)

Idiopathic cardiac Hypertrophy

16 yrs.

OTHER SIGNIFICANT CONDITIONS

NONE.

Major findings:

Of operations:

Date of operation:

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D.

(Address) 24 Winthrop St. Date 2/29/56

6 David Vicur Choulin (Lebanon) W. Roxbury

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

March 1, 1956

7 NAME OF FUNERAL DIRECTOR

Bern. F. Salomonson

ADDRESS

420 Harvard Street, Brookline

Received and filed

MAR - 1956

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR OR RACE

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED married

10a If married, widowed, or divorced

HUSBAND of Florence Newburgh

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 54

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

Salesmanager

(Kind of work done during most of working life)

14 Industry or Business:

Liquor

15 Social Security No.

093-05-2317

16 BIRTHPLACE (City)

Boston,

(State or country)

Mass.

17 NAME OF FATHER

Barnett Saffe

18 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

19 MAIDEN NAME OF MOTHER

Rose Odence

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

21

Informant

Florence Saffe

(Address)

245 River Road, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mallory H. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/6/56

V. I. V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RECEIVED RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
have rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
p the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M-11-95-916148

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Elizabeth A. Scanlon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

276 Princeton St.

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHFEB
(Month)29
(Day)1956
(Year)

4 I HEREBY CERTIFY, That I attended deceased from

FEB. 20, 1956, to FEB. 29, 1956

I last saw her alive on FEB. 29, 1956, death is said to

have occurred on the date stated above, at 12:55 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

minutes

Due To
(b)

GENERAL ARTERIOSCLEROSIS

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSMASSIVE PLEURAL EFFUSION
MT. CHEST.

7 days.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

Dominic Thomas Staffier

M. D.

(Address)

210 Need FEB Date FEB 29 1956

6

Holy Cross
Place of Burial or CremationMalden
(City or Town)

DATE OF BURIAL

March 3

1956

7 NAME OF

FUNERAL DIRECTOR

Frederick J. Magrath

ADDRESS

East Boston

Received and filed.

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

33

To be filed for burial permit
with Board of Health
or its Agent.St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
have rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
p the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M-11-95-916148

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)
Daniel Scanlon

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

81

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

housework

(Kind of work done during most of working life)

14 Industry

or Business:

own home

15 Social Security No.

030-03-6080 A

16 BIRTHPLACE (City)

St. John's

(State or country)

Newfoundland

17 NAME OF

FATHER

William Walsh

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Newfoundland

19 MAIDEN NAME

OF MOTHER

Jane Angell

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Newfoundland

21

Informant

(Address)

Lillian Mitchell

276 Princeton St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter R. Baker

(Signature of Agent of Board of Health or other)

Health Officer

3/6/56

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-10-53-910621

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. ³⁴ 1001 **34**

No. **Mass. General Hospt.** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **John H Glock** (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) **WW #1**

(a) Residence. No. **896 Shirley St.** St. **Winthrop Mass.** (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months **5** days. In place of residence **20** years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Jan. 26/56** (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Jan. 21, 1956** to **Jan. 26, 1956**
I last saw him alive on **Jan. 26, 1956**, death is said to have occurred on the date stated above, at **1 PM** m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **Septicemia**

ANTECEDENT CAUSES **Due To enterocolitis**
staphylococcus aureus

Due To (c) **2 Weeks**

OTHER SIGNIFICANT CONDITIONS **Petit Mal attacks** **36 Days**

Major findings: Of operations **autopsy**
Date of operation **1-26-56** Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify **C L Clay**
(Signed) **Mass. General Hospt** Date **1-26-56**
(Address) **Winthrop Con-Winthrop Mass.**

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL **Jan. 30/56** 19

7 NAME OF FUNERAL DIRECTOR **M W Kirby**
ADDRESS **Winthrop Mass.**

Received and filed **APR 5 1956** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR OR RACE **W** 10 SINGLE (write the word) **MARRIED** **Married**
or WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of **Harrietta M Wilson**
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **59** Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: **Mechanic**
(Kind of work done during most of working life)

14 Industry or Business: **Automobile**

15 Social Security No.

16 BIRTHPLACE (City) **Cambridge Mass.**
(State or country)

17 NAME OF FATHER **William H Glock**

18 BIRTHPLACE OF FATHER (City) **Maryland**
(State or country)

19 MAIDEN NAME OF MOTHER **Bertha Chute**

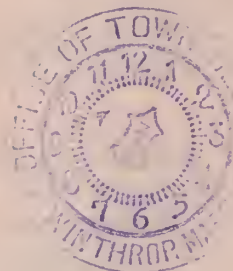
20 BIRTHPLACE OF MOTHER (City) **Nova Scotia**
(State or country)

21 Informant (Address) **H M Glock**

A TRUE COPY
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **Feb. 3/56** 19

RECEIVED



APR-5

AM

Sept. 19, 1918

Dec. 9, 1918

Private

Co. A S.A.T.C. University of Vermont

2461196

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907048

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 1003 35

No. Boston City Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Carmine Mancuso

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

92 Marshall St

St.

Wintrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Jan. 30/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Multiple fractures auto accident

pedestrian at Boston 1-14-56

5 Accident, suicide, or homicide (specify)

Date and hour of injury.....19.....

Where did

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

(Specify type of place)

Manner of

Injury

(How did injury occur?)

Nature of

Injury

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)

Richard Ford

M. D.

(Address)

Date. 1-30-56

7 Wintrop Cem-Wintrop Mass.

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL

Feb. 2/56

19.....

8 NAME OF

FUNERAL DIRECTOR

E P Caggiano

ADDRESS

Wintrop Mass.

Received and filed.....4-6-56.....19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

M

10 COLOR OR RACE

W

11 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Married

11a If married, widowed, or divorced

HUSBAND of.....

Fannie Placco

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

77

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Retired

(Kind of work done during most of working life)

15 Industry

or Business:

Barber

16 Social Security No.

None

17 BIRTHPLACE (City)

Italy

(State or country)

18 NAME OF

FATHER

Salvatore Mancuso

19 BIRTHPLACE OF

FATHER (City)

Italy

(State or country)

20 MAIDEN NAME

OF MOTHER

Grace Rinaldi

21 BIRTHPLACE OF

MOTHER (City)

Italy

(State or country)

22

Informant

(Address)

Wife

A TRUE COPY.

ATTEST:

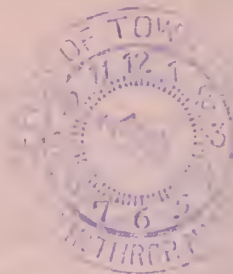
(Registrar of City or Town where death occurred)

DATE FILED

Feb. 3/56

19.....

RECEIVED



APR-12 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M.5-52.907046

1 PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

1003

Registered No.

No. Bost on City Hospt. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carmine Mancuso (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 92 Marshall St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan. 30/56 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Multiple fractures auto accident pedestrian at Boston Jan. 11/56

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19

Where did Injury occur?..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?..... (Specify type of place)

Manner of Injury..... (How did injury occur?)

Nature of Injury.....

While at work?..... Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Richard Ford M. D.

(Address) Date 1-30 19 56

7 Winthrop Cem-Winthrop Mass. (City or Town)

Place of Burial, or Cremation.

DATE OF BURIAL Feb. 2/56 19

8 NAME OF FUNERAL DIRECTOR E P Caggiano

ADDRESS Winthrop Mass.

Received and filed.....19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE MARRIED (write the word) WIDOWED Married or DIVORCED

11a If married, widowed, or divorced Fannie Placco HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 77 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: Retired Barber (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. None

17 BIRTHPLACE (City) Italy (State or country)

18 NAME OF FATHER Salvatore Mancuso

19 BIRTHPLACE OF FATHER (City) Italy (State or country)

20 MAIDEN NAME OF MOTHER Grace Rinaldi

21 BIRTHPLACE OF MOTHER (City) Italy (State or country)

22 Informant Wife (Address)

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

Feb. 3/56

DATE FILED.....19

RECEIVED



APR-6 1914

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

Norfolk
(County)Foxborough
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSFoxborough
(City or Town in which this return)COPY OF
CERTIFICATE OF DEATH

Registered No. 36

No. Foxborough State Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Madona
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 123 Locust
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 5 months 2 days. In place of residence unk years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 25 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 23, 1948, to Feb. 25, 1956.
I last saw her alive on Feb. 24, 1956 death is said to
have occurred on the date stated above, at 8:05 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

INTERVAL
BETWEEN
ONSET AND
DEATHDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Congenital mal development,
blind idiot.Was autopsy performed? yes
What test confirmed diagnosis? Clin. Lab. & Autopsy.5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H Gerald Wagar, M. D.

(Address) Foxborough, Mass. Date 2-27-56

6 Winthrop Ce m., Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 2-28-56 19

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby
ADDRESS Winthrop, Mass.

Received and filed MAR 13 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 26 Years 1 Months 20 Days If under 24 hours
Hours Minutes13 Usual Occupation: None
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) E. Boston,
(State or country) Mass.

17 NAME OF FATHER Louis Madona

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Filomena Chicarelli

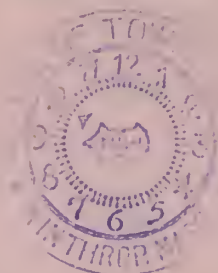
20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Informant (Address) Foxborough State Hosp records,
Foxborough, Mass.

A TRUE COPY

ATTEST: Mildred J Shannon AgtBdWlth 2-27-56.
(Registrar of City or Town where death occurred)

DATE FILED 19

RECEIVED



MAR 13 AM

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 125 Hermon St

2 FULL NAME William R. MacPhail (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 125 Hermon St. Winthrop (Usual place of abode)

Length of stay: In place of death 15 years months days. In place of residence 32 years months days.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, W.W.1 if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March - 6 - 1956 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Hypertensive Heart Disease
acute myocardial infarction

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Manner of injury Collapsed at his home (Specify type of place)

Nature of injury died quickly (How did injury occur?)

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Mr. J. Brickley, Inc.

(Signed) M. D.

(Address) Boston Nov. 6 1956

7 Winthrop Winthrop (City or Town)

DATE OF BURIAL March 8 1956

8 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop

Received and filed MAR 6 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

11a If married, widowed or divorced, HUSBAND of Gertrude Eldredge (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 60 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Rigger (Kind of work done during most of working life)

15 Industry or Business Shipyard

16 Social Security No. None

17 BIRTHPLACE (City) Calais (State or country) Maine

18 NAME OF FATHER Duncan MacPhail

19 BIRTHPLACE OF FATHER (City) Calais (State or country) Maine

20 MAIDEN NAME OF MOTHER Jenney McCabe

21 BIRTHPLACE OF MOTHER (City) Calais (State or country) Maine

22 Informant Gertrude MacPhail (Address) 125 Hermon St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/8/56 (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer, and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE Dec. 4, 1917

DATE OF DISCHARGE Sept. 30, 1921

RANK, RATING S.C. 4c

ORGANIZATION AND OUTFIT Navy

SERVICE NUMBER 132-73-04

INSTRUCTIONS
FOR
CERTIFICATEI giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
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which caused

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ause (a),
in the under-
ause last.

ions contrib-
to death but not
the terminal
condition given

Chapter 137,
1954, requires
sions to print or
e cause or
of death on
artificates.

100M-11-55-915145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 511 Pleasant Street, Winthrop

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Francis W. Perrault

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 511 Pleasant Street, Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 15 years.....months.....days. In place of residence 15 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 6 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1949 to March 6 1956
last saw him alive on March 6 1956, death is said to
have occurred on the date stated above, at 1:25 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction
Myocardial Infarction(b) Coronary occlusion
Coronary OcclusionDue To
(c)OTHER
SIGNIFICANT
CONDITIONSPrevious coronary
occlusion June 1949
Was autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Date March 6 1956

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 8th 1956

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., East Boston

Received and filed. MAR 6 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

38

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Mary R. Sales
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years 4 Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation Installation man
(Kind of work done during most of working life)

14 Industry or Business N.E. Telephone Co.

15 Social Security No. 011-07-7085

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Peter Perrault

18 BIRTHPLACE OF FATHER (City) Arashat
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Sarah J. Martell

20 BIRTHPLACE OF MOTHER (City) Arashat
(State or country) Nova Scotia21 Mrs. Mary R. Perrault-wife
Informant (Address) 511 Pleasant St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/6/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
ten, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

39

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)

No.

26 North Ave

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Harold J. Verdi

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

26 North Ave

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 38 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHMarch 6, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec 12, 1955, to March 6, 1956

I last saw him alive on March 6, 1956, death is said to

have occurred on the date stated above, at 7:20 A.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

3 mo.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

no

What test confirmed diagnosis? microscopic exam of ascitic fluid

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed)

Arthur C. Murray M. D.

(Address)

Winthrop Date 8 March 1956

6

Place of Burial or Cremation

Winthrop
(City or Town)

DATE OF BURIAL

March 9, 1956

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Maurice H. Kirby
Winthrop

Received and filed

MAR 8 1956

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Dorothy M. Barker
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

53

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Superior

(Kind of work done during most of working life)

14 Industry

or Business:

Electrical PROTECTIVE

15 Social Security No.

023-07-6089

16 BIRTHPLACE (City)

Halifax N.S.

(State or country)

17 NAME OF

FATHER

William J. Verdi

18 BIRTHPLACE OF

FATHER (City)

England

(State or country)

19 MAIDEN NAME

OF MOTHER

Minnie Montgomery

20 BIRTHPLACE OF

MOTHER (City)

N.S.

(State or country)

21

Informant

(Address)

Dorothy M. Verdi
26 North Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

(Date of Issue of Permit)

3/8/56

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving

OF DEATH

not enter

than one

for each

b) and (c)

does not mean

of dying,

heart failure,

etc. It means

e, or compli-

which caused

ms, if any,

ave rise to

ause (a),

the under-

ause last.

ions contrib-

death but not

the terminal

condition given

Chapter 137,

1954, requires

s to print or

e cause or

f death on

ificates.

100M-11-35-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
L CERTIFICATEa giving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
de of dying,
heart failure,
, etc. It means
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

100M-11-55-916148

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 40

No. 52 WAVE WAY AVE St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MINNIE SMITH (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 52 WAVE WAY AVE WINTHROP (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 27 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAR. 9 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
7/8 1954 to 3/9 1956I last saw her alive on 3/9 1956, death is said to
have occurred on the date stated above, at 230 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUS.

(b) Due To ARTERIO-SCLEROTIC HEART DIS. 3 YRS.

(c) Due To SPRAIN SEV. LEFT NECK 3 DAYS

OTHER SIGNIFICANT CONDITIONS ARTHRITIS RHEUMATOID 3 YRS.

Was autopsy performed? No.
What test confirmed diagnosis? NONE5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Myron H. King, M. D.

(Address) 22 Beacon St. WINTHROP Date 3/9 1956

6 SONS OF JACOB - DANVERS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MARCH 11 1956

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbaeh

ADDRESS 1668 Beacon St. Blue

Received and filed MAR 12 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED WIDOWED OR DIVORCED10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of LOUIS SMITH
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: HOUSEWIFE
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) LITHUANIA
(State or country)

17 NAME OF FATHER HESSEL LEV

18 BIRTHPLACE OF FATHER (City) LITHUANIA
(State or country)

19 MAIDEN NAME OF MOTHER BRINA (LEARNED)

20 BIRTHPLACE OF MOTHER (City) LITHUANIA
(State or country)21 Informant LOUIS SMITH
(Address) 52 WAVE WAY AVE, WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/10/56

V

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MAR 12



RECEIVED

INSTRUCTIONS
FOR
DEATH CERTIFICATE

IN GIVING
OF DEATH

Do not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
mode of dying,
as heart failure,
pneumonia, etc. It means
cause, or compli-
cations which caused

Conditions, if any,
which gave rise to
the cause (a),
including the under-
lying cause last.

Conditions contrib-
uted to death but not
led to the terminal
condition given

Chapter 137,
of 1954, requires
physicians to print or
the cause or
of death on
certificates.

100M-11-55-916145

PLACE OF DEATH
1

Suffolk
(County)
Winthrop
(City or Town)

No. Mount Convalescent Home

2 FULL NAME James J. Kirby
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Haynes St.
(Usual place of abode)

St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 25 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 11 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
May 1953, to March 11, 1956
I last saw him alive on March 11, 1956, death is said to
have occurred on the date stated above, at 7:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial
infarct disease

Due To (b) arteriosclerosis
generalized

Due To (c) senility

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Joseph E. Magrath M. D.

(Address) 144 Washington Ave Date 3-12-56 19

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 14 1956

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed MAR 13 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 41

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Catherine Ryan
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Longshoreman
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Thomas Kirby

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Robert Kirby
(Address) 55 Payson St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer 3/12/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHnot enter
re than one
se for each
(a), (b) and (c)is does not mean
ode of dying,
s heart failure,
a, etc. It means
ase, or compli-
which causeditions, if any,
h gave rise to
e cause (a),
ing the under-
cause last.ditions contrib-
to death but not
to the terminal
condition givene:- Chapter 137,
of 1954, requires
icians to print or
the cause or
s of death on
certificates.

100M-11-55-916145

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Baby Boy Stabile
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 237 Brighton St., Belmont Mass St. Under 48 hours
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 42

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 12, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3-11, 1956 to 3-12, 1956I last saw h.....alive on 3-12-1956, death is said to
have occurred on the date stated above, at 4:15 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity
PREMATURITY(b) Placenta praevia
PLACENTA PRAEVIA

(c) Due To

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Yes
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Bernard W. Rothblatt, M. D.

(Address) 48 Beacon St Boston 12/12/56

6 Workman Circle Melrose
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 14 1956

7 NAME OF FUNERAL DIRECTOR Hyman J. Joff
ADDRESS 1574 Washington Ave. Elmira

Received and filed. MAR 14 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED DIVORCED Single10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days 12 Hours 13 Minutes

13 Usual Occupation: None
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

17 NAME OF FATHER Eugene Stabile

18 BIRTHPLACE OF FATHER (City) Somerville
(State or country) Mass

19 MAIDEN NAME OF MOTHER Bernice Siegel

20 BIRTHPLACE OF MOTHER (City) Revere Mass
(State or country)21 Informant Dr. Louis Siegel
(Address) 72 Shirley Ave. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 3/14/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

30M-10-53-910621

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No.

5 Irwin St.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Theresa M. Bailey (Notaro)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran. if so specify WAR) no

(a) Residence. No.

5 Irwin St. Winthrop

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

March 15 - 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Strangulation due to scarf around neck

5 Accident, suicide, or homicide (specify)

Suicide

Date and hour of injury

Mar - 15 - 1956

Where did injury occur?

Winthrop

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury

Found dead & hanging in her

(How did injury occur?)

Nature of Injury

home

While at work?

Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Mr. Brickley M.D. M. D.
Boston Mar - 16 - 1956

7

Place of Burial, or Cremation.

Trenton N.J.

DATE OF BURIAL

March 20 1956

8 NAME OF FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS

917 Bennington St. East Boston

Received and filed

MAR 26 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No.

43

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

10 COLOR OR RACE

11 SINGLE

(write the word)

female

white

MARRIED

WIDOWED

or DIVORCED

married

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Claude C. Bailey

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 23 Years 5 Months 12 Days

If under 24 hours

Hours Minutes

14 Usual Occupation:

Housewife

(Kind of work done during most of working life)

15 Industry or Business:

At Home

16 Social Security No.

none

17 BIRTHPLACE (City)

Trenton

(State or country)

New Jersey

18 NAME OF FATHER

John Notaro

19 BIRTHPLACE OF FATHER (City)

Naples

(State or country)

Italy

20 MAIDEN NAME OF MOTHER

Rose Libertelli

21 BIRTHPLACE OF MOTHER (City)

Naples

(State or country)

Italy

22

Informant (Address)

Claude C. Bailey husband
5 Irwin St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

5881
(Official Designation)3-16-56
(Date of Issue of Permit)

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

30M-10-53-910621

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931. No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION	none
DATE OF ENTERING MILITARY SERVICE	
DATE OF DISCHARGE	
RANK, RATING	
ORGANIZATION AND OUTFIT	
SERVICE NUMBER	

RM R-301A

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
use for each
(a), (b) and (c)

This does not mean
of dying, such
failure, asthenia,
means the disease,
applications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
the death but not
to the disease or
on causing death.

te:- Chapter 137.
of 1954, requires
icians to print or
the cause or causes
death on death
ificates.

50M-5-55-915025

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 16 1956

4 I HEREBY CERTIFY, That I attended deceased from Mar. 10 1956 to March 16 1956

I last saw him alive on March 15 1956, death is said to have occurred on the date stated above, at 6:40 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

ANTECEDENT (b) DUE TO CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify. A. J. DeHagopian (Signed) A. J. DeHagopian M. D. (Address) 942 Ar. Hill St. Date Mar. 16 1956

6 Holy Cross Place of Burial or Cremation Malden (City or Town)

DATE OF BURIAL March 17 1956

7 NAME OF FUNERAL DIRECTOR Richard J. Smith

ADDRESS Revere

Received and filed MAR 16 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 41

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 6 Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

17 NAME OF FATHER William I. Upton

18 BIRTHPLACE OF FATHER (City) Revere (State or country) Mass.

19 MAIDEN NAME OF MOTHER Grace Chiary

20 BIRTHPLACE OF MOTHER (City) Chelsea (State or country) Mass.

21 Informant William I. Upton (Address) 1 A. St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Police & Baker (Signature of Agent of Board of Health or other) Health Officer 3/16/56 (Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (acids or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
USE OF DEATHdo not enter
more than one
cause for each
(a), (b) and (c)This does not mean
mode of dying, such
heart failure, asthenia,
It means the disease,
complications which
led death.Morbid conditions,
y, giving rise to the
e cause (a) stating
underlying causeConditions contrib-
y to the death but not
ed to the disease or
ition causing death.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 104 Highland Ave. (Mount's Nursing Home) Death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

2 FULL NAME

Mabel F. Crowell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 12 Jefferson St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months 7 days. In place of residence 3 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 17 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 1954 to March 17 1956I last saw her alive on March 14, 1956, death is said to
have occurred on the date stated above, at 11:15 A.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Myocardial

Heart Disease

ANTE DUE TO (b) arterio sclerosis
CEDENT CAUSES generalizedDue To (c) Hypertension
essential

OTHER SIGNIFICANT CONDITIONS Parkinson's Disease

Major findings:
Of operations

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph H. Regan M. D.
(Address) 1946 Washington St. Date 3/17 19566 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 22 1956

7 NAME OF
FUNERAL DIRECTOR Howard S. Farnell

ADDRESS Winthrop, Mass.

Received and filed..... MAR 21 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 45

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Preston A Crowell
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 73 10 23 If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) Nova Scotia

17 NAME OF FATHER Cornelius Greenwood

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Alice Nickerson

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant Preston A Crowell
(Address) 12 Jefferson St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter D. Flakely
(Signature of Agent of Board of Health or other)Health Officer 3/21/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

MAR 2 - RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
L CERTIFICATEn giving
OF DEATH

not enter
e than one
se for each
, (b) and (c)

s does not mean
de of dying,
heart failure,
, etc. It means
ase, or compli-
which caused

tians, if any,
gave rise to
cause (a),
g the under-
cause last.

ditions contrib-
o death but not
to the terminal
condition given

Chapter 137,
of 1954, requires
ians to print or
the cause or
of death on
certificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 47

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 79 Read Street

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Agnes McLean

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

79 Read Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

March 18, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb 10, 1956, to March 10, 1956

I last saw h alive on March 10, 1956, death is said to

have occurred on the date stated above, at 8:15 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

hours

Due To
(b)

Cerebral Arteriosclerosis

years

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed)

(Address)

6 Holy Cross Malden Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

March 26, 1956

7 NAME OF
FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed

3-26-56

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE

78

Years Months Days

If under 24 hours
Hours Minutes

13 Usual

Occupation:

At Home

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Pictou

Nova Scotia

17 NAME OF
FATHER

Hugh McLean

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER Catherine MacDonald

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Leo MacDonald

Informant

(Address)

Almont St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation; the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 48

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Maria Bucolo (nee Sophia)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 1088 Saratoga Street St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 37 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 19 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Jan 8 1952 to March 20 1956I last saw her alive on March 19 1956, death is said to
have occurred on the date stated above, at 4:30 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage
Cerebral Hemorrhage 5 hoursDue To (b) Hypertension
Hypertension 4 yearsDue To (c) Hypertensive Heart Disease
Hypertensive Heart Disease 4 yearsOTHER
SIGNIFICANT
CONDITIONS Diabetes Mellitus
Diabetes Mellitus 5 yearsWas autopsy performed? No
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Doreen Cheney Appleton M. D.

(Address) 197 Woodbury Ave. Date 3/20 1956
Winthrop, Mass6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 22 1956

7 NAME OF FUNERAL DIRECTOR Richard C Kirby

ADDRESS 917 Bennington St East Boston

Received and filed. MAR 20 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
female white MARRIED
WIDOWED
or DIVORCED widowed10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Joseph F. Bucolo
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 11 Months 18 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business At home

15 Social Security No. none

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER Sebastion Sophia

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Informant Francis J Bucolo son
(Address) 1088 Saratoga St East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/20/56

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHnot enter
than one
se for each
, (b) and (c)s does not mean
ode of dying,
s heart failure,
a, etc. It means
rase, or compli-
which causeditions, if any,
ave rise to
cause (a),
g the under-
cause last.ditions contrib-
o death but not
to the terminal
condition givene:- Chapter 137,
of 1954, requires
cians to print or
the cause or
s of death on
certificates.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
DEATH CERTIFICATE

1. In giving
OF DEATH

2. Do not enter
than one
se for each
(b) and (c)

3. Does not mean
ode of dying,
heart failure,
etc. It means
case, or compli-
which caused

4. Conditions, if any,
gave rise to
cause (a),
g the under-
cause last.

5. Conditions contrib-
to death but not
to the terminal
condition given

6. Chapter 137,
of 1954, requires
ians to print or
the cause or
of death on
certificates.

100M-11-35-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

49

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 104 Highland Ave. (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Evelyn L (Currant) Littlefield
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 15 James Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 5 years.....months.....days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 22, 1956.
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MARCH 17, 1956, to MARCH 22, 1956
I last saw him alive on MARCH 22, 1956, death is said to
have occurred on the date stated above, at 2:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGEINTERVAL
BETWEEN
ONSET AND
DEATH4 DAYSDue To (b) ARTERIOSCLEROTIC + HYPERTENSIVE HEART DISEASEDue To (c) GENERALIZED ARTERIO- SCLEROSISOTHER
SIGNIFICANT
CONDITIONS NONEWas autopsy performed? NO
What test confirmed diagnosis? CLINICAL + LABORATORY5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) H. Transler, Jr., M. D.(Address) 562 SHIPLEY ST., WINTHROP, MASS 018906 Winthrop Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL March 26, 19567 NAME OF FUNERAL DIRECTOR Edward J. Bynum
ADDRESS Winthrop, Mass.Received and filed MAR 26 1956 19..

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Widow
or DIVORCED10a If married, widowed, or divorced
HUSBAND of..... (Give maiden name of wife in full)
(or) WIFE of Wayne B Littlefield
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 81 Years 5 Months 20 Days If under 24 hours
AGE.....Hours.....Minutes13 Usual Occupation Housewife
(Kind of work done during most of working life)14 Industry or Business: Own Home15 Social Security No. None16 BIRTHPLACE (City) Boston
(State or country) Mass17 NAME OF FATHER Sylvanus Currant18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass19 MAIDEN NAME OF MOTHER Sarah E Brown20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant E Dorothy Littlefield
(Address) 15 James Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Walter S. Baker
(Official Designation)3/26/56
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
DEATH CERTIFICATEa giving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedians, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but nat
to the terminal
condition givenChapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates.

100M-11-55-916145

PLACE OF DEATH
1Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Annier Ethel Goodwin
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 20 Coral Avenue
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 21 days. In place of residence 35 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 23, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 4, 1956, to March 23, 1956I last saw her alive on March 22, 1956, death is said to
have occurred on the date stated above, at 8 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Liver

INTERVAL
BETWEEN
ONSET AND
DEATH

3 yrs

Due To (b) Carcinoma of Descending
Colon

5 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop Date 24 March 1956

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 26, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 26 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 50

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, NO.
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

female white

10a If married, widowed, or divorced

HUSBAND of Walter Henry Goodwin
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 73

AGE 73 Years 6 Months 27 Days

If under 24 hours
Hours Minutes

13 Usual

Occupation: RETIRED HATTER
(Kind of work done during most of working life)

14 Industry

or Business: WATSON'S COM HAT MFG.
own home

15 Social Security No. 010-05-0022-A

16 BIRTHPLACE (City)
(State or country) Manchester-England

17 NAME OF

FATHER James Worsley

18 BIRTHPLACE OF

FATHER (City)
(State or country) England

19 MAIDEN NAME

OF MOTHER Elizabeth Jane Kay

20 BIRTHPLACE OF

MOTHER (City)
(State or country) England21 Informant Mrs. Frank J. Connolly
(Address) 39 Coral Ave., Winthrop.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 3/26/56
(Official Designation) (Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 51

1 No. *163 Cottage Plk Rd. Winthrop* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Francis J. Conley*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *163 Cottage Plk Rd., Winthrop* St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death *39* years.....months.....days. In place of residence *39* years.....months.....days.

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) *70*

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 26, 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*ARTERIOSCLEROTIC HEART
DISEASE
CORONARY OCCLUSION*

5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....19.....

Where did injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? *Calloused*
(Specify type of place)

Manner of injury *slipping snow*
(How did injury occur?)

Nature of injury.....
While at work?.....Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) *Michael Thompson*, M. D.
(Address) *25 Shattuck St.* Date *3/26* 19*56*

7 *Winthrop Cem., Winthrop*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *March 28, 1956*

8 NAME OF FUNERAL DIRECTOR *John E. Kelly*
ADDRESS *286 Meridian St., E. D.*

Received and filed.....19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *Widowed*
MARRIED WIDOWED or DIVORCED

11a If married, widowed or divorced HUSBAND of *Mildred L. Glynn*
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here. —

13 AGE *70* Years.....Months.....Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: *Retired Com. Agent*
(Kind of work done during most of working life)

15 Industry or Business: *Railway Express*

16 Social Security No. *none 714-10-6078*

17 BIRTHPLACE (City) *Boston*
(State or country) *Mass.*

18 NAME OF FATHER *James Conley*

19 BIRTHPLACE OF FATHER (City) *Portland*
(State or country) *Maine*

20 MAIDEN NAME OF MOTHER *Hannah Walsh*

21 BIRTHPLACE OF MOTHER (City) *Co. Cork*
(State or country) *Ireland*

22 Informant: *Robert E. Conley*
(Address) *74 Sargent St., Wm.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) *H.O. AHC* (Date of Issue of Permit) *3/27/56*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EXTRACTS
FROM THE LAWS OF THE
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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

DEC 27 1917

JAN 7, 1919

ENT. PRIVATE 1C - Disch. Inht.

U. S. Army - A. S. HERC

2453481

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 53

1 No. 19 Elmwood Avenue St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Della Stone Lincoln
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 19 Elmwood Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 7 years.....months.....days. In place of residence 7 years.....months.....days.

INSTRUCTIONS
FOR
L CERTIFICATEn giving
OF DEATHnot enter
e than one
se for each
, (b) and (c)s does not mean
ode of dying,
heart failure,
, etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
o death but not
to the terminal
condition givene: Chapter 137,
of 1954, requires
ians to print or
the cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 26 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 8, 1952 to MAR 26, 1956
I last saw her alive on MAR 25, 1956, death is said to
have occurred on the date stated above, at 8 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSION

INTERVAL
BETWEEN
ONSET AND
DEATH

1 hr.

Due To (b) ARTERIO-SCLEROTIC
HEART DISEASEDue To (c) WITH CONGESTIVE
FAILURE

2 YRS.

OTHER
SIGNIFICANT
CONDITIONS CARCINOMA OF UTERUS

8 MO.

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Myron H. King, M. D.

(Address) 24 BLENANT ST, WINTHROP Date 3/27 1956

Cremation Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 28 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAR 27 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED widowed
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Edward Haywood Lincoln
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 3 Months 22 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: retired proprietor
(Kind of work done during most of working life)

14 Industry or Business dressmaking shop

15 Social Security No. none
16 BIRTHPLACE (City) Gagetown
(State or country) N.B.

17 NAME OF FATHER William Penn Stone

18 BIRTHPLACE OF FATHER (City) Penobscquis
(State or country) N.B.

19 MAIDEN NAME OF MOTHER Abbie Julia Fowler

20 BIRTHPLACE OF MOTHER (City) Norton
(State or country) N.B.21 Informant Louise Pearson
(Address) 19 Elmwood Ave, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/27/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
te n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asphyxia,
etc. It means the disease,
or conditions which
led to death.

Morbid conditions,
if giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
due to the disease or
condition causing death.

Note:- Chapter 137,
Act of 1954, requires
physicians to print or
initial the cause or causes
of death on death
certificates.

SOM-555-915025

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 54

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward A. Madden
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 81 Plummer Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 26, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
1/18/56 19 to March 26 1956

I last saw him alive on March 26 1956, death is said to
have occurred on the date stated above, at 11:45 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) myocardial
infarct

INTERVAL BE-
TWEEN ONSET
AND DEATH

ANTE CEDENT CAUSES Due To (b) arteriosclerosis
generalized

Due To (c) Coronary

OTHER SIGNIFICANT CONDITIONS congestive Failure

Major findings:
Of operations:
Date of operation: Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) [Signature] M. D.
(Address) [Address] Date 3/27/56 1956

6 Vernon Grove Cemetery Milford
(Place of Burial or Cremation) (City or Town)
DATE OF BURIAL March 28 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop, Mass.

Received and filed. MAR 28 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Leonora B. Boardman
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Retired (Meat Canner)
(Kind of work done during most of working life)

14 Industry or Business: Provision

15 Social Security No. 015-05-7670

16 BIRTHPLACE (City) Hopkinton
(State or country) Mass

17 NAME OF FATHER Amos L. Madden

18 BIRTHPLACE OF FATHER (City) Milford
(State or country) Mass

19 MAIDEN NAME OF MOTHER L. Angeline Frink

20 BIRTHPLACE OF MOTHER (City) Medway
(State or country) Mass

21 Informant Mr. George Patch
(Address) Woodside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Hapgood
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/28/56
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MAR 28



RECEIVED

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

55

No. 94 Brookfield Rd

St. (If death occurred in a hospital or institution,
{ give its NAME instead of street and number)

2 FULL NAME Mary E. Magrath

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

(a) Residence. No. 94 Brookfield Rd.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 5 years months days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
e than one
se for each
, (b) and (c)s does not mean
ode of dying,
r heart failure,
a, etc. It means
case, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
o death but not
to the terminal
condition givene: Chapter 137,
of 1954, requires
cians to print or
the cause or
of death on
certificates.ical
miner
lined
isdiction

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 27 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar. 27, 1956, to Mar. 27, 1956I last saw her alive on Mar. 27, 1956 death is said to
have occurred on the date stated above, at 9 a m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary THROMBOSIS &
myocardial INFARCTION.

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No.

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Charles Meeni, M. D.

(Address) 365 Harvard St. Boston, Mass. 1956

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 31 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop

Received and filed MAR 29 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED, widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frederick J. Magrath
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 53 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: housework wife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. East Boston, Mass.
16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER Jeremiah Monahan

18 BIRTHPLACE OF FATHER (City) Co. Cork
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Bridget Sheehan

20 BIRTHPLACE OF MOTHER (City) Co. Cork
(State or country) Ireland21 Informant Frederick J. Magrath
(Address) 36 Waldemar Ave East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/29/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATEa giving
OF DEATHnot enter
e than one
e for each
(b) and (c)does not mean
e of dying,
heart failure,
, etc. It means
ase, or compli-
which causedtions, if any,
gave rise to
cause (a),
g the under-
cause last.ditions contrib-
o death but not
to the terminal
condition givenChapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates.

100M-11-35-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

56

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mabel Florence Pennie

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, NO
if so specify WAR)(a) Residence. No. 23 Elmwood Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months 2 days. In place of residence 46 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 27, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May, 1952 to March 27, 1956I last saw him alive on March 26, 1956, death is said to
have occurred on the date stated above, at 8:50 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial infarction
diseaseDue To (h) arteriosclerosis
generalizedDue To (c) fibrous necrosis
HEPATOOTHER SIGNIFICANT CONDITIONS Hemato-Renal
Failure

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) 184 Washington St. Date 3-28 1956

6 Puritan Lawn Cemetery, Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 29, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed MAR 29 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of William A. Pennie
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 6 Months 9 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework wife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. none

16 BIRTHPLACE (City) Cambridge Mass
(State or country)

17 NAME OF FATHER Samuel Whitney

18 BIRTHPLACE OF FATHER (City) Concord
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Ellen Cornell

20 BIRTHPLACE OF MOTHER (City) New York
(State or country)21 Mrs. Edwin Howard
Informant (Address) 68 Lowell Rd. Walsley HillsI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/28/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 57

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. Winthrop Community Hosp. (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Baby Boy LaRosa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 148 Saratoga St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 30 56
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar. 29, 19 56, to March 30, 19 56

I last saw him alive on March 29, 19 56 death is said to

have occurred on the date stated above, at 12:04 m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) PREMATUREITY (7½ mos.)INTERVAL BE-
TWEEN ONSET
AND DEATHANTE DUE PRE ECLAMPTIC TOXEMIA
CEDENT (b) OF PREGNANCY
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation Was autopsy performed? YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature] M. D.
(Address) 153 Pleasant St. Boston Date Apr 1, 19576 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March April 3 - 56 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS (9 Chelsea St. East Boston

Received and filed APR 3 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED S10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours 8 Hours 27 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Alfonso LaRosa

18 BIRTHPLACE OF FATHER (City) Brooklyn Manhattan
(State or country) N.Y.19 MAIDEN NAME OF MOTHER M.
ELiza Aupperlee20 BIRTHPLACE OF MOTHER (City) Cambridge, Mass.
(State or country)21 Informant Alfonso LaRosa
(Address) 148 Saratoga St. E.B.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker
(Signature of Agent of Board of Health or other)Health Officer 4/3/56
(Official Designation) (Date of Issue of Permit)

RM R-301A

INSTRUCTIONS
FOR
CERTIFICATEIn giving
SE OF DEATHdo not enter
more than one
use for each
(a), (b) and (c)his does not mean
ode of dying, such
t failure, asthenia,
means the disease,
lications which
death.orbid conditions,
giving rise to the
cause (a) stating
nderlying causeonditions contrib-
to the death but not
to the disease or
on causing death.te:- Chapter 137,
of 1954, requires
icians to print or
the cause or causes
death on death
icates.

50M-3-54-911887

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death. Physicians see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

PLACE OF DEATH

1

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 58

No. *130 Washington St. Ave.* St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Nathan Schlossberg*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. *1815* *Washington Avenue* St. *Seattle, Washington*
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *March 31 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

*ACUTE PULMONARY EDEMA
ARTERIOSCLEROTIC HEART
DISEASE*

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did
Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?.....

(Specify type of place)

Manner of
Injury.....
(How did injury occur?)

Nature of
Injury.....

While at work?.....Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify *Michael J. Rongo* M. D.
(Signed)

(Address) *25 Shattuck St.* Date *4/1* 19 *56*

7 *Lincoln Park, Warwick, R.I.*
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *April 1, 1956*

8 NAME OF FUNERAL DIRECTOR *Max Sugarman Funeral Home*

ADDRESS *Hope St., Providence, R.I.*

Received and filed *APR 2 1956* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *male* 10 COLOR OR RACE *white* 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *divorced*

11a If married, widowed, or divorced
HUSBAND of *Clara Massovetsky*
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *58* Years.....Months.....Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: *Cantor*
(Kind of work done during most of working life)

15 Industry
or Business:.....

16 Social Security No.

17 BIRTHPLACE (City)
(State or country) *Russia*

18 NAME OF FATHER *Leon Schlossberg*

19 BIRTHPLACE OF FATHER (City)
(State or country) *Russia*

20 MAIDEN NAME OF MOTHER *Julia Elkin*

21 BIRTHPLACE OF MOTHER (City)
(State or country) *Russia*

22 Informant *Joseph Schlossberg*
(Address) *163 Warrenton St., Providence, R.I.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other
Health Officer)

(Official Designation) *4/1/56*
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

SUFFOLK
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON
(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. **1138 59**

No. **Mass. General Hospital**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Alfred Brinsley**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

821 Shirley St.

(Was deceased a U. S. War Veteran, if so specify WAR)
Winthrop Mass.

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Feb 2 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **1/17 56** to **2/2 56**

I last saw him alive on **2/2 56** death is said to have occurred on the date stated above, at **11.15 A** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) **Peritoneal and retroperitoneal hemorrhage**

Due To **Excision of iliac lymph nodes**
(b)

Due To **Squamous cell carcinoma metastatic from skin**
(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? **yes**
What test confirmed diagnosis? **autopsy**

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **C C Clay** M. D.

(Address) **MGH** Date **2/2 56**

6 **Winthrop** **Winthrop**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **2/4 56**

7 NAME OF FUNERAL DIRECTOR **Howard S Reynolds**
Winthrop Mass.

ADDRESS _____

Received and filed **APR 12 1956** 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **Married**
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced **Marion Howland**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **69** Years **8** Months **27** Days If under 24 hours _____ Hours _____ Minutes

13 Usual Occupation: **Machinist**
(Kind of work done during most of working life)

14 Industry or Business: **Printing**
010-05-9184

15 Social Security No. _____

16 BIRTHPLACE (City) **England**
(State or country)

17 NAME OF FATHER **Henry Brinsley**

18 BIRTHPLACE OF FATHER (City) **England**
(State or country)

19 MAIDEN NAME OF MOTHER **Edith Tredwell**

20 BIRTHPLACE OF MOTHER (City) **England**
(State or country)

21 Informant (Address) **Wife**

A TRUE COPY **Charles H. Inack**
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **2/8 56**

FINV

RECEIVED



APR 12 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chapter, Sec. 12, (1, 1-1, 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 1-8, 1-9, 1-10, 1-11, 1-12, 1-13, 1-14, 1-15, 1-16, 1-17, 1-18, 1-19, 1-20, 1-21, 1-22, 1-23, 1-24, 1-25, 1-26, 1-27, 1-28, 1-29, 1-30, 1-31, 1-32, 1-33, 1-34, 1-35, 1-36, 1-37, 1-38, 1-39, 1-40, 1-41, 1-42, 1-43, 1-44, 1-45, 1-46, 1-47, 1-48, 1-49, 1-50, 1-51, 1-52, 1-53, 1-54, 1-55, 1-56, 1-57, 1-58, 1-59, 1-60, 1-61, 1-62, 1-63, 1-64, 1-65, 1-66, 1-67, 1-68, 1-69, 1-70, 1-71, 1-72, 1-73, 1-74, 1-75, 1-76, 1-77, 1-78, 1-79, 1-80, 1-81, 1-82, 1-83, 1-84, 1-85, 1-86, 1-87, 1-88, 1-89, 1-90, 1-91, 1-92, 1-93, 1-94, 1-95, 1-96, 1-97, 1-98, 1-99, 1-100, 1-101, 1-102, 1-103, 1-104, 1-105, 1-106, 1-107, 1-108, 1-109, 1-110, 1-111, 1-112, 1-113, 1-114, 1-115, 1-116, 1-117, 1-118, 1-119, 1-120, 1-121, 1-122, 1-123, 1-124, 1-125, 1-126, 1-127, 1-128, 1-129, 1-130, 1-131, 1-132, 1-133, 1-134, 1-135, 1-136, 1-137, 1-138, 1-139, 1-140, 1-141, 1-142, 1-143, 1-144, 1-145, 1-146, 1-147, 1-148, 1-149, 1-150, 1-151, 1-152, 1-153, 1-154, 1-155, 1-156, 1-157, 1-158, 1-159, 1-160, 1-161, 1-162, 1-163, 1-164, 1-165, 1-166, 1-167, 1-168, 1-169, 1-170, 1-171, 1-172, 1-173, 1-174, 1-175, 1-176, 1-177, 1-178, 1-179, 1-180, 1-181, 1-182, 1-183, 1-184, 1-185, 1-186, 1-187, 1-188, 1-189, 1-190, 1-191, 1-192, 1-193, 1-194, 1-195, 1-196, 1-197, 1-198, 1-199, 1-200, 1-201, 1-202, 1-203, 1-204, 1-205, 1-206, 1-207, 1-208, 1-209, 1-210, 1-211, 1-212, 1-213, 1-214, 1-215, 1-216, 1-217, 1-218, 1-219, 1-220, 1-221, 1-222, 1-223, 1-224, 1-225, 1-226, 1-227, 1-228, 1-229, 1-230, 1-231, 1-232, 1-233, 1-234, 1-235, 1-236, 1-237, 1-238, 1-239, 1-240, 1-241, 1-242, 1-243, 1-244, 1-245, 1-246, 1-247, 1-248, 1-249, 1-250, 1-251, 1-252, 1-253, 1-254, 1-255, 1-256, 1-257, 1-258, 1-259, 1-260, 1-261, 1-262, 1-263, 1-264, 1-265, 1-266, 1-267, 1-268, 1-269, 1-270, 1-271, 1-272, 1-273, 1-274, 1-275, 1-276, 1-277, 1-278, 1-279, 1-280, 1-281, 1-282, 1-283, 1-284, 1-285, 1-286, 1-287, 1-288, 1-289, 1-290, 1-291, 1-292, 1-293, 1-294, 1-295, 1-296, 1-297, 1-298, 1-299, 1-300, 1-301, 1-302, 1-303, 1-304, 1-305, 1-306, 1-307, 1-308, 1-309, 1-310, 1-311, 1-312, 1-313, 1-314, 1-315, 1-316, 1-317, 1-318, 1-319, 1-320, 1-321, 1-322, 1-323, 1-324, 1-325, 1-326, 1-327, 1-328, 1-329, 1-330, 1-331, 1-332, 1-333, 1-334, 1-335, 1-336, 1-337, 1-338, 1-339, 1-340, 1-341, 1-342, 1-343, 1-344, 1-345, 1-346, 1-347, 1-348, 1-349, 1-350, 1-351, 1-352, 1-353, 1-354, 1-355, 1-356, 1-357, 1-358, 1-359, 1-360, 1-361, 1-362, 1-363, 1-364, 1-365, 1-366, 1-367, 1-368, 1-369, 1-370, 1-371, 1-372, 1-373, 1-374, 1-375, 1-376, 1-377, 1-378, 1-379, 1-380, 1-381, 1-382, 1-383, 1-384, 1-385, 1-386, 1-387, 1-388, 1-389, 1-390, 1-391, 1-392, 1-393, 1-394, 1-395, 1-396, 1-397, 1-398, 1-399, 1-400, 1-401, 1-402, 1-403, 1-404, 1-405, 1-406, 1-407, 1-408, 1-409, 1-410, 1-411, 1-412, 1-413, 1-414, 1-415, 1-416, 1-417, 1-418, 1-419, 1-420, 1-421, 1-422, 1-423, 1-424, 1-425, 1-426, 1-427, 1-428, 1-429, 1-430, 1-431, 1-432, 1-433, 1-434, 1-435, 1-436, 1-437, 1-438, 1-439, 1-440, 1-441, 1-442, 1-443, 1-444, 1-445, 1-446, 1-447, 1-448, 1-449, 1-450, 1-451, 1-452, 1-453, 1-454, 1-455, 1-456, 1-457, 1-458, 1-459, 1-460, 1-461, 1-462, 1-463, 1-464, 1-465, 1-466, 1-467, 1-468, 1-469, 1-470, 1-471, 1-472, 1-473, 1-474, 1-475, 1-476, 1-477, 1-478, 1-479, 1-480, 1-481, 1-482, 1-483, 1-484, 1-485, 1-486, 1-487, 1-488, 1-489, 1-490, 1-491, 1-492, 1-493, 1-494, 1-495, 1-496, 1-497, 1-498, 1-499, 1-500, 1-501, 1-502, 1-503, 1-504, 1-505, 1-506, 1-507, 1-508, 1-509, 1-510, 1-511, 1-512, 1-513, 1-514, 1-515, 1-516, 1-517, 1-518, 1-519, 1-520, 1-521, 1-522, 1-523, 1-524, 1-525, 1-526, 1-527, 1-528, 1-529, 1-530, 1-531, 1-532, 1-533, 1-534, 1-535, 1-536, 1-537, 1-538, 1-539, 1-540, 1-541, 1-542, 1-543, 1-544, 1-545, 1-546, 1-547, 1-548, 1-549, 1-550, 1-551, 1-552, 1-553, 1-554, 1-555, 1-556, 1-557, 1-558, 1-559, 1-560, 1-561, 1-562, 1-563, 1-564, 1-565, 1-566, 1-567, 1-568, 1-569, 1-570, 1-571, 1-572, 1-573, 1-574, 1-575, 1-576, 1-577, 1-578, 1-579, 1-580, 1-581, 1-582, 1-583, 1-584, 1-585, 1-586, 1-587, 1-588, 1-5

50M-11-55-916145

BOSTON
(City or Town making this return)

Registered No. 45250

..St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)..... No

Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **5** days. In place of residence **66** years.....months.....days.

8 SEX M	9 COLOR W	10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED
-------------------	---------------------	--

10a If married, widowed, divorced
HUSBAND of Nellie Payne
(Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **71** **5** **6**
AGE **71** Years **5** Months **6** Days

If under 24 hours
.....Hours.....Minutes

13 Usual Occupation: **Typewriter Mechanic**
(Kind of work done during most of working life)

14 Industry or Business: Underwood Corp.
217 05-1330

15 Social Security No.
16 BIRTHPLACE (City) Provincetown
(State or country) Mass.

17 NAME OF FATHER **Frank Freeman Cook**

18 BIRTHPLACE OF FATHER (City).....Provincetown
(State or country).....Mass.

19 MAIDEN NAME OF MOTHER Lydia Small

20 BIRTHPLACE OF MOTHER (City) Provincetown
(State or country) Mass.

21 Mrs. Leon W. Cooke
Informant (Address) 94 Fremont St., Winthrop

ATTEST: Charles E. Smith
(Registrar of City or Town where death occurred)

DATE FILED Feb. 20, 1956 19

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) **Arteriosclerotic Heart Disease**

Due To
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?.....**Yes**
What test confirmed diagnosis?.....**Autopsy**

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **C. Clay**
Asst. Dir. MGH M. D.

(Address) _____ Date _____ 19____

Woodlawn Everett

Place of Burial or Cremation (City or Town)
DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
174 Winthrop St., Winthrop, Mass

ADDRESS.....
Received and filed **APR 20 1956** 19

(Registrar of City or Town where deceased resided)

INTERVAL
BETWEEN
ONSET AND
DEATH

4 Yrs.

RECEIVED



APR 20

AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900-475

PLACE OF DEATH
1

Suffolk

Boston (County)

(City or Town)

Mass. General Hospt.

No. Sidney Fisher

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

49 Pico Ave.

(a) Residence. No. (Usual place of abode)

St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 18/56 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Thermal burns arterio sclerotic

heart disease accident

Feb. 6, 1956 at Winthrop Home

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Manner of Injury Accidental conflagration of (Specify type of place)

Nature of Injury clothing (How did injury occur?)

While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Michael A Luongo

(Signed) 25 Shattuck St. M. D. Date 2-18 1956

(Address) Winthrop Cem-Winthrop Mass.

7 Place of Burial, or Cremation. Feb. 21/56 (City or Town)

DATE OF BURIAL 19

8 NAME OF FUNERAL DIRECTOR A J O'Maley

ADDRESS Winthrop Mass.

Received and filed MAY 4 1956 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



Boston

(City or town making return)

Registered No. 1738 61

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

11a If married, widowed, or HUSBAND of Blanche E Dargle (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 78 AGE Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation Retired (Kind of work done during most of working life)

15 Industry or Business Consulting Engineer 010-10-6249

16 Social Security No. Canada

17 BIRTHPLACE (City) Edmund C Fisher (State or country)

18 NAME OF FATHER

19 BIRTHPLACE OF FATHER (City) England (State or country)

20 MAIDEN NAME OF MOTHER Margaret A McInnes

21 BIRTHPLACE OF MOTHER (City) England (State or country)

22 Informant I Marshall (Address)

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Feb. 27/56 19

RECEIVED



MAY 11

AM

The Commonwealth of Massachusetts

BOSTON

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. **1827 62**

No. **Veterans Administration Hospital St.** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Hector D. Manning** (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) **WW I**

(a) Residence. No. **100 Waltham** St. **Woburn, Mass.** (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years **2** months **12** days. In place of residence **14** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Feb. 21 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Dec. 9 1955**, to **Feb. 21 1956**, death is said to have occurred on the date stated above, at **12:05 A. m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Adenocarcinoma left lung with extensive metastases, chest, abdomen and spine**
Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Joseph R. Rubini** M. D.
(Address) **VA Hospital, Boston 2-21 19 56**

6 **Winthrop Cemetery, Winthrop, Mass.**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Feb. 23, 1956**

7 NAME OF FUNERAL DIRECTOR **Reynolds Funeral Home**
ADDRESS **180 Winthrop St., Winthrop, Mass.**

Received and filed **MAY 7 1956**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED**
or **WIDOWED** or **DIVORCED** **Married**

10a If married, widowed, or divorced HUSBAND of **Dorothy Douglas**
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **60** Years **8** Months **9** Days If under 24 hours Hours.....Minutes

13 Usual Occupation: **Electrical Crane-man**
(Kind of work done during most of working life)

14 Industry or Business: **Factory**

15 Social Security No. **018-20-5378**

16 BIRTHPLACE (City) **New Lisbon**
(State or country) **Indiana**

17 NAME OF FATHER **J. C. Manning**

18 BIRTHPLACE OF FATHER (City) **Pennsylvania**
(State or country)

19 MAIDEN NAME OF MOTHER **Mame A. Gibbs**

20 BIRTHPLACE OF MOTHER (City) **Indiana**
(State or country)

21 Informant **VA Hospital Records**
(Address) **150 S. Huntington Ave., Boston**

A TRUE COPY
TEST: **Charles H. ...**
(Registrar of City or Town where death occurred)

DATE FILED **Feb. 28, 1956**

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)

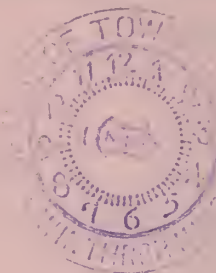


R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916148

RECEIVED



MAY 17 AM

8-26-14

7- 2-19

Private

Army

1403979

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(c)-11-49-900-475

PLACE OF DEATH

Essex

(County)

Topsfield

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Topsfield

(City or town making return)

Registered No.

63

No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Peter J. Gaffney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

16 Washington

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13 (see below) 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Unknown but natural causes-- left
boarding place Jan. 14, 1956

5 Accident, suicide, or homicide (specify) No

Date and hour of injury.....19

Where did

injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of

injury

(How did injury occur?)

Nature of

injury

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. S. Bagnall M. D.

(Address) 28 Main, Groveland Date 3/14 1956

7 Winthrop Winthrop

Place of Burial, or Cremation.

(City or Town)

DATE OF BURIAL March 16 1956

8 NAME OF FUNERAL DIRECTOR J. J. Currane

ADDRESS Broadway Everett

Received and filed.....19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED

11a If married, widowed, or divorced

HUSBAND of Sarah Marshall
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE 78 Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

14 Usual

Occupation:

Soap Business

(Kind of work done during most of working life)

15 Industry

or Business:

Retired

16 Social Security No.

17 BIRTHPLACE (City)

(State or country)

Chelsea

Mass.

18 NAME OF FATHER

Michael Gaffney

19 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

20 MAIDEN NAME

OF MOTHER

Bridget Quinn

21 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

22

Informant

(Address)

Paul Gaffney

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

March 14

1956

RECEIVED



APR 11 PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-(B) 11-51-905807

PLACE OF DEATH

Plymouth

(County)

East Bridgewater

(City or Town)

No. 301 Washington St

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

East Bridgewater

(City or town making return)

Registered No. 61

2 FULL NAME Walter Wyatt Cove
(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No. 95 Fremont St
(Usual place of abode)

St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 74 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 13 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Jan 21 56 19 to Mar 13 56 19.
I last saw him alive on Mar 13 56 19. death is said to have occurred on the date stated above, at 11:30 P.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Secondary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

8 wks

ANTICIPATED (b) Atherosclerotic Heart Disease with Angina

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: no
Of operations: EKG
Date of operation: Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or condition directly related to occupation of deceased? If so, specify 26 Park Ave Whitman Mass
(Signed) (Address) Date 19 M. D.

6 Winthrop Cem Winthrop Mass
Place of Burial or Cremation (City or Town)
DATE OF BURIAL Mar 16 1956 19.

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh
ADDRESS Winthrop Mass

Received and filed March 18 1956 19.
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED S

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years 7 Months 12 Days If under 24 hours Hours Minutes

13 Usual Occupation: Retired Salesman
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Military Supplies

15 Social Security No. Malta Illinios

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER James Andrew Cove

18 BIRTHPLACE OF FATHER (City) Lubec Maine
(State or country)

19 MAIDEN NAME OF MOTHER Adeline Coggin

20 BIRTHPLACE OF MOTHER (City) Lubec Maine
(State or country)

21 Informant: Gerturde G Brown
(Address) 301 Wash St E, Bridgewater

A TRUE COPY

ATTEST: D-3 Registrar of City or Town where death occurred

Chairman 3/15/56
DATE FILED George J. T. Baker
Town Clerk

RECEIVED



APR 23 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Cambridge
(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No.

5085

No. **Mount Auburn Hospital**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **Barbara Cummings**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. **30 Coral Ave.**
(Usual place of abode)

St. **Winthrop, Mass.**

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **25** days. In place of residence **1** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **April 3, 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 31, 1954 to April 3, 1956
I last saw him on **April 2, 1956** death is said to
have occurred on the date stated above, at **8:00A** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

5yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) **Post Infectious Cirrhosis
of Liver**

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **Albert O. Seeler**, M. D.
(Address) **Craigie St.** Date **4/3** 19 **56**

6 **Hamilton Provincetown**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **April 7, 1956**

7 NAME OF FUNERAL DIRECTOR **J. H. Richardson & Son**
ADDRESS **424 Washington St., Dore.**

Received and filed **MAY 3 1956**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED
WIDOWED
or **DIVORCED** **Married**

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
Lester J. Cummings
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **59** Years **11** Months **11** Days If under 24 hours
Hours.....Minutes

13 Usual Occupation: **Housework**
(Kind of work done during most of working life)

14 Industry or Business: **Own home**
None

15 Social Security No. **Boston**
16 BIRTHPLACE (City) **Mass.**
(State or country)

17 NAME OF FATHER **James Campbell**

18 BIRTHPLACE OF FATHER (City) **Cannot be learned**
(State or country) **U.S.**

19 MAIDEN NAME OF MOTHER **Emma Johnson**

20 BIRTHPLACE OF MOTHER (City) **Provincetown**
(State or country) **Mass.**

21 Informant **Mr. Lester J. Cummings**
(Address) **26 River Front, Newbury, Mass**

A TRUE COPY

ATTEST: **Frederick H. Bush**
(Registrar of City or Town where death occurred)

DATE FILED **April 4, 1956**

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



MAY-3 AM

M R-301A

CEA Division St.

C. 1

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

100-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

919 Shirley Street

No.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Almedia F. Hichborn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

919 Shirley St

(a) Residence. No.

(Usual place of abode)

1

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years. months. days. In place of residence. 40 years. months. days.

Registered No.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

66

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 5 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
APRIL 3, 1956, to APRIL 5, 1956

I last saw her alive on APRIL 4, 1956, death is said to

have occurred on the date stated above, at 10:05 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH

4 DAYS

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSHYPERTENSION
HYPERTENSIVE HEART DISEASE

5 years

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Dorothy Cheney Appleton M. D.

(Address) 191 Woodside Ave. Date 4/7 1956

Woodlawn

Everett

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

April 9

19 56

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

APR 9 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 8 Months 8 Days If under 24 hours
Hours Minutes13 Usual Occupation: Stenographer (retired)
(Kind of work done during most of working life)

14 Industry or Business: Wool Co.

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Henry G. Hichborn

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Almedia Hopkins

20 BIRTHPLACE OF MOTHER (City) Boston Mass
(State or country) Mass21 Informant. Madeleine Cronin
(Address) 34 Temple St Boston MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

L.V.V.

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
use, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

67

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

125 Cliff Avenue

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

2 FULL NAME Zephirin R. Parenteau

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No. 54 Cliff Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 5, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

3/1, 1956, to 4/5, 1956

I last saw him alive on 4/5, 1956, death is said to

have occurred on the date stated above, at 9:30 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

2 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHIO-PNEUMONIA

Due To (b) CEREBRAL THROMBOSIS

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? 0

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Valeda Parenteau, M. D.

(Address) 113 Pleasant St. Date 4/6, 1956

6 St. Philippe Windsor Canada

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL April 11, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

Winthrop Mass.

ADDRESS

Received and filed APR 6 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Valeda Reid

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 80

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Office Supplies

15 Social Security No.

028-07-4071A

16 BIRTHPLACE (City)

St. Celestin

(State or country)

Canada

17 NAME OF

FATHER

Theophile Parenteau

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER Eloise DuPont

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Canada

21

Informant

(Address)

Valeda Parenteau

54 Cliff Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. —WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

SOM-10-53-910621

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *68*

No. *455 Shirley St.* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Isadore Schultz*
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *455 Shirley St. Winthrop*
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH <i>April 5 1956</i> (Month) (Day) (Year)	9 SEX <i>Male</i>	10 COLOR OR RACE <i>White</i>	11 SINGLE MARRIED WIDOWED or DIVORCED <i>Single</i> (write the word)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) <i>ARTERIOSCLEROTIC HEART DISEASE</i> <i>DIABETES MELLITUS</i>	11a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) (or) WIFE of..... (Husband's name in full)		
5 Accident, suicide, or homicide (specify)..... Date and hour of injury.....19..... Where did Injury occur?..... (City or town and State) Did injury occur in or about home, on farm, in industrial place, or in public place?..... (Specify type of place) Manner of Injury..... (How did injury occur?) Nature of Injury..... While at work?..... Was autopsy performed? <i>no</i>	12 IF STILLBORN, enter that fact here. 13 AGE <i>62</i> Years.....Months.....Days If under 24 hours.....Hours.....Minutes 14 Usual Occupation: <i>Self Employed</i> (Kind of work done during most of working life) 15 Industry or Business: <i>Custom Tailor</i> 16 Social Security No. <i>260</i> 17 BIRTHPLACE (City) (State or country) <i>Lithuania</i>		
6 Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <i>Michael J. Frango</i> M. D. (Address) <i>25 Shalbach St.</i> Date <i>4/6 1956</i>	18 NAME OF FATHER <i>Unborn Schultz</i> 19 BIRTHPLACE OF FATHER (City) (State or country) <i>Lithuania</i> 20 MAIDEN NAME OF MOTHER <i>Unborn</i> 21 BIRTHPLACE OF MOTHER (City) (State or country) <i>Lithuania</i>		
7 Place of Burial, or Cremation, <i>Burial in Jewish W.R. Cemetery</i> (City or Town) DATE OF BURIAL <i>April 6 1956</i>	22 Informant (Address) <i>Charles Weintraub 46 Waverley Winthrop</i> I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>T. Meads</i> (Signature of Agent of Board of Health or other) <i>6230</i> (Official Designation) <i>4-6-56</i> (Date of Issue of Permit)		
8 NAME OF FUNERAL DIRECTOR <i>Philip Weiss</i> ADDRESS <i>394 Wash. St. Dan.</i>	Received and filed <i>APR 10 1956</i> (Registrar)		

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage, spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION.....

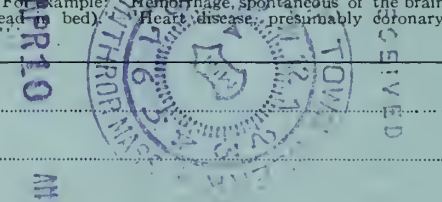
DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....



INSTRUCTIONS
FOR
CERTIFICATEIn giving
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DOM-3-54-911887

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP COMMUNITY HOSP.

2 FULL NAME

LENA FEINSTEIN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

188 WOODSIDE

AVE

(Usual place of abode)

WRS. 57110

WINTHROP, MASS.

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 2 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

April

10

1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 1953 to April 10 1956

I last saw her alive on April 10 1956 death is said to

have occurred on the date stated above, at 5:25 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Occlusion

INTERVAL BE-
TWEEN ONSET
AND DEATH

36 hrs.

ANTE DUE TO
CEDENT (b)
CAUSES

Hypertensive Coronary

Heart Disease

3 yrs.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

None

Major findings:

Of operations: None

Date of operation: None Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman M. D.

(Address) Wintthrop Mass. Date 5/10/1956

6 Sharon Memorial Park

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

April 11

1956

7 NAME OF
FUNERAL DIRECTOR

Benjamin Birnbock

ADDRESS

10 Washington St, Dorch

Received and filed

APR 10 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

69

{If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{Was deceased a
U. S. War Veteran,
if so specify WAR)

No

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

FEMALE

9 COLOR OR RACE

WHITE

10 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

MARRIED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Louis FEINSTEIN

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

68

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

HOUSEWIFE

(Kind of work done during most of working life)

14 Industry

or Business:

AT HOME

15 Social Security No.

16 BIRTHPLACE (City).

(State or country)

RUSSIA

17 NAME OF

FATHER

JOSEPH GOLDSTEIN

18 BIRTHPLACE OF

FATHER (City)

(State or country)

RUSSIA

19 MAIDEN NAME

OF MOTHER

MOTHER (City)

(State or country)

CHARA - Cannot be located

RUSSIA

21 Informant

(Address)

Ethel Ritter

188 Woodside Ave, Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Walter J. Baker

Death Officer

(Official Designation)

(Date of Issue of Permit)

4/10/56

W V

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



INSTRUCTIONS
FOR
AL CERTIFICATE

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DOM-3-54-911667

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 70

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Govoni, John B. Govoni

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 22 Shrimpton St., E. Boston, Mass. St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 17 years. 17 months. 35 days. In place of residence 35 years. 35 months. 35 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 10 56
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
MARCH 23, 1956, to APRIL 10, 1956.

I last saw him alive on APRIL 10, 1956, death is said to

have occurred on the date stated above, at 1:15 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) METASTATIC CA
OF STOMACH

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 MONTHS

ANTECEDENT (b)
CAUSES

Due To
(c)

OTHER SIGNIFICANT CONDITIONS CA OF PROSTATE
METASTATIC TO BONES

3 P/O

Major findings:
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis? OPERATIONS & BIOPSY

5 Was disease or injury in any way related to occupation of deceased? -

If so, specify.

(Signed) S. J. Cataldo M. D.
(Address) 48 Byron St. Boston Date April 14 1956

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 14th 1956

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed. APR 13 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced
HUSBAND of Norma Tassinari
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 0 Months 10 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Machinist
(Kind of work done during most of working life)

14 Industry or Business: Block Assembly

15 Social Security No. 023-09-4867

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER Antonio Govoni

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Mary Stagni

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

21 Informant Mr. John B. Govoni-son
(Address) 22 Shrimpton St., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 4/11/58

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by ~~recognized~~ disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
CERTIFICATEIn giving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.bid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
to the disease or
causing death.Chapter 137,
f 1954, requires
ians to print or
e cause or causes
eath on death
ates.

50M-3-54-911987

PLACE OF DEATH

Suffolk

(County)

Winthrop Mass

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. BABY BOY Caruso,

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 898 SARATOGA

(Usual place of abode)

St. EAST BOSTON

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. 7 hours 36 minutes
In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 12 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
April 12, 1956 to April 12, 1956I last saw him alive on April 12, 1956 death is said to
have occurred on the date stated above, at 1:40 P.M.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) PREMATURE

Baby (5 1/2 mos)

ANTECEDENT (b) Due To
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. B. Caruso

(Address) 230 MAVERICK

Date 4/12

M. D.

1956

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL APRIL 13, 1956

7 NAME OF FUNERAL DIRECTOR DIPIETRO VAZZA

ADDRESS HENRY ST. EAST BOSTON

Received and filed. APR 13 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 172

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR) NO

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED SINGLE
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 24 hours
7 Hours 36 Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) WINTHROP MASS.
(State or country)

17 NAME OF FATHER Caruso, Ralph

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Trodella, Rose

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant RALPH CARUSO
(Address) 898 SARATOGA ST. EAST BOSTONI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker, Jr.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 4/13/56
(Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-9 10621

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *23*

No. *Front of #71 Revere St.* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *James A. De Courcay* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *30 Banks St Winthrop Mass* (Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death *0* years *0* months *0* days. In place of residence *26* years *0* months *0* days.

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) *no*

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 13 1956*
(Month) (Day) (Year)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
ACUTE MYOCARDIAL INFARCTION

5 Accident, suicide, or homicide (specify).....
Date and hour of injury.....19.....
Where did Injury occur?.....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? *Collapsed while driving truck -*
(Specify type of place)
Manner of Injury.....
(How did injury occur?)
Nature of Injury.....
While at work? *yes* Was autopsy performed? *yes*
6 Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *Richard C Kirby* M. D.
(Address) *25 Shattuck St* Date *4/13/56*

7 Place of Burial, or Cremation. *Winthrop Winthrop*
(City or Town)
DATE OF BURIAL *April 16 1956*
8 NAME OF FUNERAL DIRECTOR *Richard C Kirby*
ADDRESS *917 Bennington St East Boston*

Received and filed.....19.....
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *male* 10 COLOR OR RACE *white* 11 SINGLE (write the word) *MARRIED*
WIDOWED or DIVORCED *married*
11a If married, widowed, or divorced HUSBAND of *Catherine F Kelley*
(Give maiden name of wife in full)
(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.
13 AGE *68* Years *5* Months *16* Days If under 24 hours
Hours.....Minutes
14 Usual Occupation: *Proprietor*
(Kind of work done during most of working life)

15 Industry or Business: *Grocery Business*
16 Social Security No. *022-10-3752*
17 BIRTHPLACE (City) *Cambridge*
(State or country) *Massachusetts*

18 NAME OF FATHER *Patrick DeCourcay*
19 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)
20 MAIDEN NAME OF MOTHER *Margaret Hawkins*
21 BIRTHPLACE OF MOTHER (City) *Cambridge*
(State or country) *Massachusetts*

22 Informant *Mrs. Catherine F DeCourcay*
(Address) *30 Banks Street Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) *Walter D. Hoopes*
Health Officer *4/14/56*
(Official Designation) (Date of Issue of Permit)

113

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) found dead in bed." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATE

In giving
this certificate

do not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

ditions contrib-
the death but not
to the disease or
n causing death.

Chapter 137,
of 1954, requires
ians to print or
the cause or causes
death on death
ates.

DOM-3-54-911867

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
Winthrop
(County)
(City or Town)



STANDARD
CERTIFICATE OF DEATH

Registered No. 74

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME Baby Boy Hanlon (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 78 Prospect Ave St. (If nonresident, give city or town and State)
(Usual place of abode)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 13 1956
(Month) (Day) (Year)
4 I HEREBY CERTIFY That I attended deceased from
April 13 1956 to April 13 1956
I last saw him alive on April 13 1956 death is said to
have occurred on the date stated above, at 11:00 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Pulmonary Edema
(b) Premature Baby.

ANTECEDENT CAUSES
Due To (b) Premature Baby.

Due To (c)

OTHER SIGNIFICANT CONDITIONS
6 1/2 months Pregnancy

Major findings:
Of operations:
Date of operation Was autopsy performed?
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) H. H. Schwartz M. D.
(Address) 19 Princeton St Date 2/3/56

6 Holy Cross Malden (City or Town)
DATE OF BURIAL April 16 1956

7 NAME OF FUNERAL DIRECTOR Charles H. Trepanor
ADDRESS East Boston

Received and filed APR 16 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR OR RACE W 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here Stillborn
12 AGE Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation (Kind of work done during most of working life)

14 Industry or Business

15 Social Security No.

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

17 NAME OF FATHER Robert Hanlon

18 BIRTHPLACE OF FATHER (City) Cambridge Mass
(State or country)

19 MAIDEN NAME OF MOTHER Lucille Batto

20 BIRTHPLACE OF MOTHER (City) East Boston Mass
(State or country)

21 Informant Robert Hanlon
(Address) 70 Prospect Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 4/16/56

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
USE OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

This does not mean
mode of dying, such
as heart failure, asthenia,
etc. means the disease,
complications which
led to death.

Morbid conditions,
giving rise to the
cause (a) stating
underlying cause

Conditions contrib-
uting to the death but not
leading to the disease or
condition causing death.

50m-(b)-11-49-970,560



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No.

104 Highland Ave

STANDARD
CERTIFICATE OF DEATH

Registered No. 75

2 FULL NAME

Margaret Worthley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.
(Usual place of abode)

83 Loring Road

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months 25 days. In place of residence 10 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 13, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 1952 to April 13, 1956

I last saw her alive on 4/12/56 death is said to

have occurred on the date stated above, at 2:30 A.M.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Extremoseptic Heart Disease.

ANTE CEDENT CAUSES

Due To (b) Cardiac Decompensation.

Due To (c)

OTHER SIGNIFICANT CONDITIONS

None.

Major findings:
Of operations.

None

Date of operation Was autopsy performed?

What test confirmed diagnosis? Clinical.

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Charles Liberman M.D.
Winthrop Date 4/13/1956

6 Place of Burial or Cremation

Holy Cross Malden Mass
(City or Town)

DATE OF BURIAL

April 16, 1956

7 NAME OF FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop Mass

Received and filed

APR 16 1956

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full) (or) WIFE of Asa A. Worthley (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 91 AGE Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housework (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass (State or country)

17 NAME OF FATHER Jeremiah H. Hurley

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Annie Barret

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant (Address) Mrs Charles Blais 83 Loring Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/16/56 (Date of Issue of Permit)

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APR 13 AM

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, ashenia,
means the disease,
which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

conditions contrib-
the death but not
to the disease or
on causing death.

Chapter 137,
of 1954, requires
cians to print or
ac cause or causes
death on death
ates.

50M-3-54-911667

PLACE OF DEATH

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GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



INSTRUCTIONS
FOR
L CERTIFICATEa giving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ians to print or
the cause or
of death on
certificates.

100M-11-55-916145

PLACE OF DEATH

Superior

(County)

Winthrop

(City or Town)

No.

142 Pleasant St.

2 FULL NAME

Anna (B. Petersen) Stenberg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

278 Princeton St

(Usual place of abode)

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....2.....months.....days. In place of residence.....23.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

2/28, 1956, to 4/14/56, 1956

I last saw him alive on 4/14/56, 1956, death is said to

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO PNEUMONIA

Due To

(b)

Due To

(c)

ARTERIAL SCLEROSIS
GENERALOTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

(Address)

6 Winthrop

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

April 18 1956

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

APR 18 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

77

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
L CERTIFICATEa giving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ians to print or
the cause or
of death on
certificates.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE

(write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Jacobson Stenberg

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

90

0

7

Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

House wife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Norway

17 NAME OF

FATHER

Henrik Petersen

18 BIRTHPLACE OF

FATHER (City)

(State or country) Norway

19 MAIDEN NAME

OF MOTHER

Marie Larsen

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Norway

21

Informant

(Address)

T Carl Torressen

230 Crest Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

4/17/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 78

No. *49 Lowell St. Road* St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)
2 FULL NAME *Morgan L. Ellis* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *49 Lowell St. Winthrop* (Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 19 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

ARTERIOSCLEROTIC HEART DISEASE

ANEMIA

(77)

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did
Injury occur?.....
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)

Manner of
Injury.....
(How did injury occur?)

Nature of
Injury.....

While at work?..... Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *Michael J. Thompson* M. D.

(Address) *358 Atlantic St. Boston 19*

7 Mount Auburn Crematory, Cambridge, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *April 23 1956*

8 NAME OF FUNERAL DIRECTOR *Charles E. Thompson*

ADDRESS *896 Beacon St., Boston 15, Mass.*

Received and filed.....*APR 24 1956*.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED *Divorced*

11a If married, widowed, or divorced
HUSBAND of *Blanche Spencer*
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *71* Years *6* Months *8* Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: *Retired Wholesaler*
(Kind of work done during most of working life)

15 Industry or Business: *Paper*

16 Social Security No.

17 BIRTHPLACE (City) *Washington,*
(State or country) *Pennsylvania*

18 NAME OF FATHER *David Ellis*

19 BIRTHPLACE OF FATHER (City) *Wales*
(State or country)

20 MAIDEN NAME OF MOTHER *Martha Keck*

21 BIRTHPLACE OF MOTHER (City) *Pennsylvania*
(State or country)

22 Informant *Irene Underhill, (Friend.)*
(Address) *49 Lowell Road, Winthrop, Mass.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Robert Leonard (Signature of Agent of Board of Health or other)
Apr 22 1956 (Date of Issue of Permit)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

PLACE OF DEATH

Suffolk
(County)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 79

1

Winthrop
(City or Town)

No. Mount Convalescent Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Willis, Frances

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No.

233 Bennington st.

St.

East Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days In place of residence years months days

INSTRUCTIONS
FOR
CERTIFICATEIn giving
SE OF DEATH

o not enter
ore than one
use for each
a), (b) and (c)

his does not mean
ode of dying, such
t failure, asthenia,
means the disease,
mplications which
death.

orbid conditions,
giving rise to the
cause (a) stating
nderlying cause

onditions contrib-
to the death but not
to the disease or
on causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHApril 19 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 3 1956 to April 19 1956

I last saw her alive on April 13 1956, death is said to

have occurred on the date stated above, at 11:45 P. M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Myocardial
heart diseaseANTE Due To
CEDENT (b)

arteriosclerosis

CAUSES

generalized

Due To

(c)

Thrombocytosis

OTHER
SIGNIFICANT
CONDITIONS

Thrombocytosis

Major findings:
Of operations.

obituary

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

6 Holy Cross

Place of Burial or Cremation

April 23

Malden

DATE OF BURIAL

1956

7 NAME OF

FUNERAL DIRECTOR

Frederick J Magrath

ADDRESS

East Boston

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR OR RACE

white

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

widowed

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John Willis

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 76

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Dining service

(Kind of work done during most of working life)

14 Industry

or Business:

N.E. Tel & Tel

15 Social Security No.

cannot be learned

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF

FATHER

John Mooney

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Sarah McDonald

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

PARENTS

21 Informant
(Address)

Dorothy Miller

80 Bellingham St. Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Baker, Jr.
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
e for each
(b) and (c)

does not mean
ie of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
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- Chapter 137,
1954, requires
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certificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

80

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 27 Tafts Avenue

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William Thomas Kinney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 23 Rear Tafts Avenue
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. 1 hour
In place of residence. 15 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 21 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to 19.

I last saw h. alive on 10 P. m. death is said to
have occurred on the date stated above, at 10 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably coronary
(b) Occlusion

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify.

(Signed) Arthur C. Murray M. D.
Winthrop Board of Health Date 23 April 1956

Cremation Woodlawn Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 24 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Irma Louise (Give maiden name or wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 7 Months 7 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Lapidary
(Kind of work done during most of working life)

14 Industry or Business: Self employed

15 Social Security No. 007-07-0325

16 BIRTHPLACE (City) Milo
(State or country)

17 NAME OF FATHER Maine
FATHER Roy Charles Louis Kinney

18 BIRTHPLACE OF FATHER (City) St. John
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Anna Thomas

20 BIRTHPLACE OF MOTHER (City) St. John
(State or country) New Brunswick

21 Informant (Address) Mrs. William T. Kinney

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 4/23/56
(Official Designation) (Date of Issue of Permit)

V B V

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
te n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

APR 23

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RM R-301A

INSTRUCTIONS
FOR
CERTIFICATE

In giving
OF DEATH

o not enter
ore than one
use for each
(a), (b) and (c)

his does not mean
ode of dying, such
t failure, asthenia,
means the disease,
mplications which
death.

orbid conditions,
giving rise to the
cause (a) stating
nderlying cause

onditions contrib-
o the death but not
to the disease or
on causing death.

ote:- Chapter 137.
of 1954, requires
icians to print or
the cause or causes
death on death
ificates.

50M-55-5-915025

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. 81

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Josephine Theresa Coye

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) A. /

(a) Residence. No. 917 Shirley St

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence 12 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 22, 1956

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
April 20, 1956, to April 22, 1956

I last saw her alive on April 21, 1956, death is said to

have occurred on the date stated above, at 12:45 am

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) acute coronary
thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

2 days

ANTE Due To arteriosclerotic and
CEDENT (b) 3 yrs.
CAUSES hypertensive heart disease

Due To Generalized arterio-
(c) sclerosis 5 yrs

OTHER
SIGNIFICANT
CONDITIONS

Major findings:
Of operations... none

Date of operation... none Was autopsy performed? no

What test confirmed diagnosis? Clinical and
laboratory

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Maurice T. Tranter M. D.

(Address) 62 Shirley St. Winthrop April 23, 1956

6 St Mary's Milford, Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed APR 24 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word)

Female White MARRIED
WIDOWED
or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Edward Coye

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation Retired
(Kind of work done during most of working life)

14 Industry Nurse
or Business:

15 Social Security No.
16 BIRTHPLACE (City) Milford
(State or country) Mass

17 NAME OF FATHER Michael J. Bird

18 BIRTHPLACE OF FATHER (City) Milford
(State or country) Mass

19 MAIDEN NAME OF MOTHER Theresa M Dwyer

20 BIRTHPLACE OF MOTHER (City) Saxonville
(State or country) Mass

21 Informant Margaret M. Bowen
(Address) 917 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)
Walter L. Baker
(Official Designation) 4/24/56
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

6-1-18

DATE OF DISCHARGE

5-7-19

RANK, RATING

Nurse

ORGANIZATION AND OUTFIT

U.S. Army Nurse Corps

SERVICE NUMBER

M R-301A

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
E OF DEATHnot enter
e than one
se for each
, (b) and (c)s does not mean
e of dying, such
ailure, ashenia,
means the disease,
lications which
eath.rbid conditions,
iving rise to the
use (a) stating
derlying causeditions contrib-
the death but not
to the disease or
a causing death.Chapter 137,
f 1954, requires
ians to print or
e cause or causes
ath on death
ates.

50M-3-54-911867

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 22 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
Apr. 22, 1956 to Apr. 22, 1956I last saw her alive on Apr. 22, 1956, death is said to
have occurred on the date stated above, at 6:08 p.m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) CraniotomyANTECEDENT CAUSES Due To Hydrocephalus
(b)Due To Spina Bifida
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) S. Morris Stoffer M. D.
(Address) 21 Bond St. E. Boston Date April 22, 19566 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Apr 23 1956

7 NAME OF FUNERAL DIRECTOR Charles W. Treanor

ADDRESS East Boston

Received and filed..... 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 82

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify - WAR) NoSt. East Boston
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR OR RACE W 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours 2 Hours 15 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

17 NAME OF FATHER Francis McBarthy

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Margaret Mortimer

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass21 Informant Francis McBarthy
(Address) 1159 Saratoga St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/23/56

X

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

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- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden death of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

1

(County)

Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Joseph W. Berry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 96 Bartlett Rd.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 60 years months days.

INSTRUCTIONS
FOR
CERTIFICATEn giving
OF DEATHnot enter
than one
for each
(b) and (c)s does not mean
e of dying, such
ailure, asthenia,
eans the disease,
ications which
ath.bid conditions,
iving rise to the
use (a) stating
erlying causeditions contrib-
he death but not
to the disease or
causing death.Chapter 137,
1954, requires
ans to print or
cause or causes
ath on death
ates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 23, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 53 to Apr. 23, 1956

I last saw h in alive on April 23, 1956 death is said to

have occurred on the date stated above, at 12 noon m.

DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH (a) CarcinomatosisINTERVAL
BETWEEN
ONSET
AND DEATH

months

ANTECEDENT CAUSES Due To Carcinoma of prostate

Due To
(c)

OTHER SIGNIFICANT CONDITIONS arteriosclerosis, generalized

Major findings:
Of operations

Date of operation Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph W. Berry M. D.
(Address) 100 State St. Date 4-24-19566 Place of Burial or Cremation Winthrop Cemetery, Everett
(City or Town)

DATE OF BURIAL April 25, 1956

7 NAME OF FUNERAL DIRECTOR Bernard S. Reynolds R.

ADDRESS Winthrop, Mass

Received and filed APR 25 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Martha Kendall
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 9 Months 24 Days If under 24 hours
Hours Minutes13 Usual Occupation Wholesale sales
(Kind of work done during most of working life)

14 Industry or Business Butter + Eggs

15 Social Security No. 031-05-3580

16 BIRTHPLACE (City) Yarmouth
(State or country) Nova Scotia

17 NAME OF FATHER Joseph W. Berry

18 BIRTHPLACE OF FATHER (City) Yarmouth
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Ellen Cogswell

20 BIRTHPLACE OF MOTHER (City) Yarmouth
(State or country) Nova Scotia21 Informant (Address) Joseph S. Berry
100 Sea View AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Convalescent Home 147 Pleasant

No.

Alfonso Del Bianco

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2 Whitby

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years months days. In place of residence 10 years months days.

INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
this certificatedo not enter
more than one
cause for each
(b) and (c)This does not mean
cause of dying, such
as failure, asthenia,
etc. means the disease,
or conditions which
caused death.Underbid conditions,
giving rise to the
cause (a) stating
underlying causeUnderbid conditions contrib-
uting to the death but not
causing the disease or
causing death.Chapter 137,
of 1954, requires
physicians to print or
cause or causes
death on death
certificates.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

81

To be filed for burial permit
with Board of Health
or its Agent.{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)INSTRUCTIONS
FOR
FILLING OUT
THIS CERTIFICATEIn giving
this certificatedo not enter
more than one
cause for each
(b) and (c)This does not mean
cause of dying, such
as failure, asthenia,
etc. means the disease,
or conditions which
caused death.Underbid conditions,
giving rise to the
cause (a) stating
underlying causeUnderbid conditions contrib-
uting to the death but not
causing the disease or
causing death.Chapter 137,
of 1954, requires
physicians to print or
cause or causes
death on death
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 23 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Jan 5-5 to April 23 1956

I last saw him alive on April 23, 1956, death is said to

have occurred on the date stated above, at 1:30 A.M.

INTERVAL
BETWEEN
ONSET
AND DEATH

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) MULTIPLE Cereb-

RAL Thrombosis - 4 Mos

ANTECEDENT

Due To (b) ARTERIOSCLEROSIS -

CAUSES

ARTERIOSCLEROTIC HEART DISEASE 2 Yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

CARDIAC FAILURE 1 day

Major findings:

Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew Caggiano M. D.

(Address) 603 Broadway Ave Date April 25 1956

6 Holy Cross Malden Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25 1956

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed APR 25 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
OR DIVORCED Widowed

10a If married, widowed or divorced

HUSBAND of

Caroline Spone

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 6 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation Stonemason
(Kind of work done during most of working life)

14 Industry or Business Building Construction

15 Social Security No.

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Unknown Del Bianco

18 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Italy

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Ernest Del Bianco
(Address) 60 Read St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter L. Bancroft
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation) 4/24/56
(Date of Issue of Permit)

50M-3-54-911867

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 56 Beach Road



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 85

2 FULL NAME Dorothy (Fenton) Parks
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

(a) Residence. No. 56 Beach Road
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 50 years months days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
e for each
(b) and (c)

does not mean
e of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

itions contrib-
death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 24, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 3, 1956, to April 24, 1956

I last saw her alive on April 24, 1956, death is said to have occurred on the date stated above, at 6:15 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Infarction

INTERVAL
BETWEEN
ONSET AND
DEATH

2 months

Due To Coronary Artery
(b) Heart Disease

2 yrs.

Due To Cardiac Decompensation
(c)

2 months

OTHER
SIGNIFICANT
CONDITIONS None

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Lideman M. D.
(Address) Winthrop, Mass Date 4/26/1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 27 1956

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds
ADDRESS 180 Winthrop St Winthrop

Received and filed APR 30 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John James Parks (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 16 8 Days 16 8 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None Boston

16 BIRTHPLACE (City) Mass. (State or country)

17 NAME OF FATHER Chusey Fenton

18 BIRTHPLACE OF FATHER (City) Ticonderoga (State or country) New York

19 MAIDEN NAME OF MOTHER Laura H Hicks

20 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

21 Informant John J Parks (Address) 56 Beach Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other) Walter S. Parks
(Official Designation) Health Officer (Date of Issue of Permit) 4/27/56

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

1 Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

86

No. Bay View Rest Home -41 Wash. Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARGARET J. MUNDY (Riley)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No.

(a) Residence. No. 5 Bateman Rd., St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years.....months.....days. In place of residence 16 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 26 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
September 10, 1948 to April 25, 1956

I last saw her alive on April 26, 1956, death is said to
have occurred on the date stated above, at 1:25 a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Carcinomatosis
Primary in Right Breast 2 yrs

ANTECEDENT CAUSES Due To (b) Diabetes over 8 yrs

Due To (c) Hypertensive Heart Disease over 8 yrs

OTHER SIGNIFICANT CONDITIONS Hypertension and Arteriosclerosis over 8 yrs

Major findings: None
Of operations

Date of operation Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) M. D.
(Address) 27 Bennington St., Date April 27, 1956

6 Holy Cross Revere
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 28, 1956 19

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella
ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed APR 30 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED WIDOWED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James Mundy (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Retired- Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Canada Mass.

17 NAME OF FATHER Joseph Riley

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Catherine Sullivan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant JAMES V. MUNDY
(Address) 5 Bateman Rd., Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker, Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/27/56 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RM R-301A

PLACE OF DEATH

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

87

Suffolk
(County)
Winthrop Mass
(City or Town)



No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Ernest BAUM
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No. 170 Cliff Ave.
(Usual place of abode)

St. Winthrop Mass
(If nonresident, give city or town and State)

Length of stay: In place of death years months days 9 hours 10 minutes
In place of residence years months days

INSTRUCTIONS
FOR
CERTIFICATE

In giving
EVIDENCE OF DEATH
do not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
ause (a) stating
nderlying cause

nditions contrib-
the death but not
to the disease or
on causing death.

Chapter 137,
of 1954, requires
cians to print or
he cause or causes
eath on death
icates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 30 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 1950 to April 30 1956
I last saw him alive on April 30 1956 death is said to

have occurred on the date stated above, at 10:00 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Coronary Thrombosis 36 hrs

ANTECEDENT CAUSES Due To (b) Arteriosclerotic Heart Disease 10 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS None.

Major findings: Of operations None.

Date of operation Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify Charles Liberman M. D.
(Signed) Winthrop Mass Date 4/30/1956
(Address)

6 Beth Israel Cemetery
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 2 1956

7 NAME OF FUNERAL DIRECTOR Aaron Golor
ADDRESS 1668 Beacon St. Brighton

Received and filed MAY 1 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE WHITE 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Lena Cohen
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Dentist
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. 015-28-6795

16 BIRTHPLACE (City) Poland
(State or country)

17 NAME OF FATHER CANNOT BE LEARNED

18 BIRTHPLACE OF FATHER (City) Poland
(State or country)

19 MAIDEN NAME OF MOTHER CANNOT BE LEARNED

20 BIRTHPLACE OF MOTHER (City) Poland
(State or country)

21 Informant (Address) Lena BAUM
170 Cliff Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer 5/1/56
(Official Designation) (Date of Issue of Permit)

50M-3-54-911057

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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RULES OF PRACTICE

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- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (i. l.).

50M-11-55-916145

PLACE OF DEATH

Suffolk
(County)Boston
(City or Town)

No. Carney Hospt.

2 FULL NAME Hilda Beyer
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 250 Shore Drive
(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 45.....days. In place of residence.....years 3.....months 2.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 3/56
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from January 18/56 to March 3 19 56
I last saw her alive on March 3 19 56, death is said to have occurred on the date stated above, at 11:45A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Subarachnoid hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH
45 Days

Due To (b) Aneurysm right internal carotid

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nelson Xavier, M. D.

(Address) Carney Hospt. Date 3-3 19 56

6 Tefereth Israel Cem-Everett Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 4/56 19

7 NAME OF FUNERAL DIRECTOR Fisher Memorial Chapel
ADDRESS Fall River Mass.

Received and filed MAY 21 1956 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 217588

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word) MARRIED Widowed or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Edward I Beyer
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.
16 BIRTHPLACE (City) Chelsea Mass.
(State or country)

17 NAME OF FATHER Benjamin Gewirtz

18 BIRTHPLACE OF FATHER (City) Hungary
(State or country)

19 MAIDEN NAME OF MOTHER Lizzie Rosenzweig

20 BIRTHPLACE OF MOTHER Russia
(State or country)21 Informant Edward I Beyer
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED March 7/56 19

RECEIVED



MAY 21 AM

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (i. l.))

50M-11-55-916149

1 PLACE OF DEATH

Suffolk

(County)
Boston

(City or Town)

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

2369

COPY OF

CERTIFICATE OF DEATH

Registered No. 89

No. **Veteran's Adm. Hospt.**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Harry Staretz**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) **WW #11**

(a) Residence. No. **23 Sagamore Ave**
(Usual place of abode)

St. **Winthrop Mass.**
(If nonresident, give city or town and State)

Length of stay: In place of death... years... months **7** days. In place of residence... **15** years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **March 7/56**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **Feb. 29, 1956** to **March 7, 1956**
I last saw him alive on **---**, 19**56**, death is said to have occurred on the date stated above, at **5:30A** m.

INTERVAL BETWEEN ONSET AND DEATH **Weeks**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Myocardial fibrosis and adrenal insufficiency**
(b) **Hemochromatosis secondary to transfusions**

Years

Due To **Aplastic anemia**
(c)

5 Yrs

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? **yes**
What test confirmed diagnosis? **autopsy**

5 Was disease or injury in any way related to occupation of deceased **No**
If so, specify

(Signed) **E Sharton**, M. D.
(Address) **VAH Boston Mass.** Date **3-7** 19**56**

6 **Sharon Mem. Cem-Sharon Mass.**
Place of Burial or Cremation **March 8/56** (Town)

DATE OF BURIAL **March 8/56** 19**56**

7 NAME OF FUNERAL DIRECTOR **A Golov**
Brookline Mass
ADDRESS

Received and filed **MAY 29 1956** 19**56**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED Widowed**
or WIDOWED or DIVORCED

10a If married, widowed, or divorced **Shirley Levine**
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **48** Years **9** Months **27** Days If under 24 hours Hours Minutes

13 Usual Occupation: **Grocery Clerk**
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. **024-07-8227**

16 BIRTHPLACE (City) **Russia**
(State or country)

17 NAME OF FATHER **David Staretz**

18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)

19 MAIDEN NAME OF MOTHER **Fanny Bravanick**

20 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)

21 Informant **Hospt Records**
(Address) **Boston Mass.**

A TRUE COPY **Charles J. Mackie**
ATTEST:

(Registrar of City or Town where death occurred)

March 13/56

DATE FILED 19**56**

RECEIVED



Entered Service July 17, 1942

Discharged Sept. 22, 1945

Corporal U S Army

Service No. 6705798

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 90

- 1 No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
- 2 FULL NAME Katherine Baker (If deceased is a married, widowed or divorced woman, give also maiden name.)
- (a) Residence. No. 77 Read St. Winthrop St. (If nonresident, give city or town and State)
- Length of stay: In place of death. 5 years. 5 months. 5 days. In place of residence. 55 years. 5 months. 5 days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May - 1 - 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured Right Femur;
arterio-sclerotic Heart Disease
Myocardial Infarction

5 Accident, suicide, or homicide (specify) accidental
Date and hour of injury April 9 - 1956

Where did
Injury occur? Winthrop
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Yes
(Specify type of place)

Manner of Injury Fell accidentally at her home
(How did injury occur?)

Nature of Injury Apr. 9 - 1956

While at work? Yes Was autopsy performed? Yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify Mr. J. Brinkley, M.D.
(Signed) Boston M. D.

(Address) May 1 - 1956

7 Winthrop Winthrop
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL May 3 1956

8 NAME OF FUNERAL DIRECTOR Howard S. Smith

ADDRESS Winthrop, Mass.

Received and filed MAY 3 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

11a If married, widowed, or divorced
HUSBAND of Alban C Baker

(Give maiden name of wife in full)
(or) WIFE of Alban C Baker
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years 0 Months 9 Days If under 24 hours
Hours Minutes

14 Usual Occupation: Housewife
(Kind of work done during most of working life)

15 Industry or Business: Own home

16 Social Security No. None

17 BIRTHPLACE (City) Prince Edward Island
(State or country)

18 NAME OF FATHER John Mattocks

19 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

20 MAIDEN NAME OF MOTHER Caroline McNeil

21 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)

22 Informant Alban C Baker
(Address) 77 Read St Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 5/3/56

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

50M-10-53-910621

MARGIN RESERVED FOR FINDING

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

INSTRUCTIONS
FOR
CERTIFICATEn giving
E OF DEATHnot enter
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, (b) and (c)s does not mean
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f 1954, requires
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50M-3-54-911687

PLACE OF DEATH

1

Suffolk

(County)

Winthrop Mass

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 91

No. Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

BABY GIRL SALVATO

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

2 ROCKWELL

St.

CAMBRIDGE

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

6 hours 55 minutes

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

MAY

1

1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to

have occurred on the date stated above, at.....m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

PREMATURITY

INTERVAL BE-
TWEEN ONSET
AND DEATH

5 1/2 hrs

ANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Major findings:

Of operations.....

Date of operation.....

Was autopsy performed? NO

What test confirmed diagnosis? Clin exam

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

Date

M. D.

1956

6 HOW CROSS

Place of Burial or Cremation

MALDEN

(City or Town)

DATE OF BURIAL

MAY 2

1956

7 NAME OF

FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....

MAY 2 1956

19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR OR RACE

White

10 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

SINGLE

10a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE.....

Years.....

Months.....

Days.....

If under 24 hours

6 Hours 55 Minutes

13 Usual

Occupation:.....

(Kind of work done during most of working life)

14 Industry

or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City).....

(State or country)

Winthrop

MASS.

17 NAME OF
FATHER

James Salvato

18 BIRTHPLACE OF

FATHER (City).....

(State or country)

Cambridge

MASS

19 MAIDEN NAME

OF MOTHER

Barbara Grande

20 BIRTHPLACE OF

MOTHER (City).....

(State or country)

East Boston

MASS.

21

Informant

(Address).....

James Salvato

2 Rockwell St. Cambridge

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter J. Gabley, Jr.
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

5/2/56
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when a person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper, private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
o the terminal
condition given- Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 92

No. Mounts Convalescent Home

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary Kidney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 669 Bennington
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 3 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
May 15 1949 to May 3 1956I last saw her alive on May 2 1956, death is said to
have occurred on the date stated above, at 10:05 am.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocarditis MYOCARDITIS
(Senile) SENILE Gradual

Due To (b) Senility. SENILITY Gradual

Due To (c) ARTERIO-SCLEROSIS
Cerebro-vascular GradualOTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Charles Segis
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Daniel Donovan, M. D.

(Address) Winthrop Date May 4 1956

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 5 1956

7 NAME OF FUNERAL DIRECTOR Charles H Treanor

ADDRESS East Boston

Received and filed MAY 7 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F - 9 COLOR W. 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation Cook
(Kind of work done during most of working life)

14 Industry or Business Private Home

15 Social Security No. none

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER Timothy Kidney

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Katherine Donovan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant. Nora Keilly
(Address) 669 Bennington St E BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 5/4/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RM R-301A

INSTRUCTIONS
FOR
AL CERTIFICATEIn giving
OF DEATH

to not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

ditions contrib-
the death but not
to the disease or
on causing death.

50M-(D)-6-51-904917

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... days. In place of residence 50 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 10 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from May 6 1956 to May 10 1956

I last saw her alive on May 10 1956 death is said to

have occurred on the date stated above, at 3:00 p.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bronchopneumonia

(Verminal)

ANTE
CEDENT
CAUSESDue To (b) cerebro-vascular
accidentDue To (c) hypertension
essentialOTHER
SIGNIFICANT
CONDITIONSmyocardial heart
diseaseMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Josephine Goggin M. D.
(Address) 175 Webster St., E.B. Date 5 10 1956

6 Place of Burial or Cremation Holy Cross, Malden (City or Town)

DATE OF BURIAL May 14 1956

7 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 286 Meridian St., E.B.

Received and filed MAY 14 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No. 93

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NoSt. East Boston
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED
OR DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of.....(or) WIFE of John Goggin
(Give maiden name of wife in full)
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: House wife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City)
(State or country) Ireland

17 NAME OF FATHER Patrick Barry

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Hunt

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland21 Informant Richard J. Goggin
(Address) 175 Webster St., E.B.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter C. Baker
(Signature of Agent of Board of Health or other)H.O. 5/11/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
ave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
e cause on
of death on
certificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

91

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 83 Waldemar Avenue

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Susie Matilda (Robertson) Young
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.(a) Residence. No. 83 Waldemar Avenue
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years.....months.....days. In place of residence 82 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 12 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 1953 to May 12 1956
I last saw him alive on May 11 1956 death is said to
have occurred on the date stated above, at 4:30 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage.

INTERVAL
BETWEEN
ONSET AND
DEATH

3 Days

Due To Arteriosclerosis
(b) generalized.

15 yrs

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSPneumonia
Arthritis

15 yrs

Was autopsy performed?

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop Mass. 5-1-27 1956

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 14 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 14 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Adoniram Judson Young
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 5 Months 18 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Ship Harbor
(State or country) Nova Scotia

17 NAME OF FATHER William Robertson

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Susan Cowan

20 BIRTHPLACE OF MOTHER (City) Ship Harbor
(State or country) Nova Scotia21 Informant Mrs. Yale D. Sawtelle
(Address) 83 Waldemar Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Meador Officer 5/14/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-four, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

No. 292 Winthrop St.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

95

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Ellen G. Norris

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 292 Winthrop St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 50 years months days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATE

In giving
OF DEATH

do not enter
more than one
cause for each
(a), (b) and (c)

his does not mean
of dying, such
failure, asthenia,
means the disease,
complications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

ditions contrib-
the death but not
to the disease or
on causing death.

Chapter 137,
of 1954, requires
physicians to print or
the cause or causes
death on death
ificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 15, 1956

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
October 1952 to 15 May, 1956

I last saw her alive on 14 May, 1956, death is said to

have occurred on the date stated above, at 6:30 A.M.

DISEASE OR CONDITION
DIRECTLY LEADING

TO DEATH (a) Generalized
arteriosclerosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

Years

ANTE CEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS Carcinoma of large
bowel

Years

Major findings:
Of operations none

Date of operation Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Arthur E. Murray M. D.
(Address) Winthrop, Mass. Date 15 May, 1956

6 Holy Cross Malden, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 17, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed MAY 17 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE MARRIED WIDOWED OR DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Augustus W. Norris

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 87

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston
(State or country) Mass

17 NAME OF FATHER Thomas J. Lane

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER Mary Norton

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21 Informant Dorothy Norris

(Address) 292 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

RM R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 45 Pleasant Street

STANDARD
CERTIFICATE OF DEATH

Registered No. 96

2 FULL NAME Ella M (Campbell) Cosman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

45 Pleasant Street

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years months days. In place of residence 40 years months days.

INSTRUCTIONS
FOR
AL CERTIFICATEIn giving
OF DEATHto not enter
re than one
se for each
, (b) and (c)is does not mean
de of dying, such
failure, asthenia,
means the disease,
lications which
death.rbrid conditions,
giving rise to the
ause (a) stating
derlying causenditions contrib-
the death but not
to the disease or
n causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1 March 1956 to 15 May 1956I last saw her alive on 15 May 1956, death is said to
have occurred on the date stated above, at 6:30 A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH, (a)

CARCINOMA

PRIMARY LEFT BREAST

ANTE DUE TO
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations

Date of operation

Was autopsy performed? no

What test confirmed diagnosis?

clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. B. Parks, M.D. M. D.
(Address) 126 Harvard St, Cambridge Date 16 May 1956

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

May 18 19 56

7 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

MAY 17 1956

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND OF

(Give maiden name of wife in full)

(or) WIFE OF Sylvester S Cosman

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 0 Months 21 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER John M Campbell

18 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Gore

20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass21 Informant Sylvester Cosman
(Address) 45 Pleasant St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100M-10-53-910621

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. 97

No. Winthrop Comm. hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William T Erwin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 30 Perkins Street

(Usual place of abode)

St. 40 (If nonresident, give city or town and State)

Length of stay: In place of death. 8 years. months. days. In place of residence. 40 years. months. days.

INSTRUCTIONS
FOR
BUREAU CERTIFICATE

giving
OF DEATH

not enter
than one
e for each
(b) and (c)

does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

- Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 18 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
7-23, 1956, to May 18, 1956

I last saw him alive on May 18, 1956, death is said to
have occurred on the date stated above, at 12:15 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral embolism

Due To arteriosclerosis

(b) generalized

Due To Senility

(c)

OTHER SIGNIFICANT CONDITIONS Coronary artery disease

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph J. Grogan M. D.

(Address) 19 Washington St. Date May 18 1956

6 Edson Lowell
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 21 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Bynum

ADDRESS Winthrop Mass

Received and filed MAY 23 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Barbara Allen
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 3 Months 20 Days
If under 24 hours
Hours Minutes

13 Usual Occupation: Mechanic
(Kind of work done during most of working life)

14 Industry or Business: Automobile

15 Social Security No. None

16 BIRTHPLACE (City) North Adams
(State or country) Mass.

17 NAME OF FATHER William Erwin

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Sarah

20 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)

21 Informant Barbara Erwin
(Address) 30 Perkins St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/21/56

100M-11-35-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
VITAL CERTIFICATE

in giving
OF DEATH

not enter
more than one
cause for each
(b) and (c)

is does not mean
of dying, such
failure, asthenia,
means the disease,
complications which
death.

rbid conditions,
giving rise to the
cause (a) stating
derlying cause

ditions contrib-
the death but not
to the disease or
causing death.

Chapter 137,
f 1954, requires
ians to print or
e cause or causes
ath on death
ates.

DOM-3-54-911897

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

98

1 PLACE OF DEATH No. WINTHROP COMMUNITY HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DAVID SPECTOR (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 42 SEA FOAM AVENUE St. WINTHROP, MASS. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 39 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19 1956 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 37 to May 19 1956

I last saw him alive on May 19 1956 death is said to have occurred on the date stated above, at 11:00 A.M.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage 1 day

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Due To (b) Hypertension 5 yrs.

Due To (c) Arterio sclerosis 8 yrs.

OTHER SIGNIFICANT CONDITIONS None

Major findings: None

Date of operation: Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No If so, specify Charles Liberman M. D. (Signed) WINTHROP, MASS. Date 5/19/56 (Address)

6 WINTHROP TIFERETH ISRAEL EVERETT (City or Town)

DATE OF BURIAL MAY 20 1956

7 NAME OF FUNERAL DIRECTOR TREF FUNERAL SERVICE

ADDRESS 151 WASHINGTON AVE, CHELSEA

Received and filed MAY 22 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR OR RACE 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED MALE WHITE MARRIED

10a If married, widowed or divorced HUSBAND of SADIE MIERACH (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: RETIRED TAILOR (Kind of work done during most of working life)

14 Industry or Business: TAILORING

15 Social Security No. NONE

16 BIRTHPLACE (City) RUSSIA (State or country)

17 NAME OF FATHER LOEB SPECTOR

18 BIRTHPLACE OF FATHER (City) RUSSIA (State or country)

19 MAIDEN NAME OF MOTHER C.B.L.

20 BIRTHPLACE OF MOTHER (City) RUSSIA (State or country)

21 Informant EDWARD KARAS (Address) 66 SACARORE AVE, WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. Barnes (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/22/56 (Date of Issue of Permit)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. ... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. ... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 99

1 R-301A

1

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. 336 Revere St.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary A. Costigan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 336 Revere St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 9 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition given- Chapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 20 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 4, 1955, to May 20, 1956I last saw her alive on May 17, 1956, death is said to
have occurred on the date stated above, at 8:55 p.m.INTERVAL
BETWEEN
ONSET AND
DEATH
6 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Pancreas

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Exploratory Laparotomy5 Was disease or injury in any way related to occupation of deceased?
If so, specify Jan. 3, 1956

(Signed) John F. Collins, M. D.

(Address) 27 Bennington St., Date May 21, 1956
Revere 31, Mass.6 Holy Cross Malden Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 23, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthrop Mass

Received and filed MAY 22 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
Female White MARRIED
or DIVORCED WIDOWED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James J. Costigan
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) Avondale
(State or country) Newfoundland

17 NAME OF FATHER John Devereaux

18 BIRTHPLACE OF FATHER (City) Avondale
(State or country) Newfoundland

19 MAIDEN NAME OF MOTHER Mary Moore

20 BIRTHPLACE OF MOTHER (City) Avondale
(State or country) Newfoundland21 Informant James J. Costigan
(Address) 336 Revere St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter D. Hakley
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/22/56

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.tions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

PLACE OF DEATH

1

Suffolk County
Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 100

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,
(If deceased is a married, widowed or divorced woman, give also maiden name.)2 FULL NAME Stella M. La Croix
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 822 Saratoga St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 20 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MARCH 1, 1956, to MAY 20, 1956I last saw her alive on MAY 20, 1956, death is said to
have occurred on the date stated above, at 3:50 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION

INTERVAL
BETWEEN
ONSET AND
DEATH

SUDDEN

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS POST OPERATIVE
VENTRAL HERNIAWas autopsy performed? NO
What test confirmed diagnosis? NONE5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) Charles J. Cataldo, M. D.

(Address) 48 BYRON ST. BOSTON Date MAY 21, 1956

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 23, 1956

7 NAME OF FUNERAL DIRECTOR Charles H. Thegnor
ADDRESS East Boston

Received and filed MAY 23 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Amedee La Croix
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework (Housewife)
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston Mass
(State or country)

17 NAME OF FATHER Frederick Taylor

18 BIRTHPLACE OF FATHER (City) Provincetown
(State or country) Mass

19 MAIDEN NAME OF MOTHER Eleanor Johnston

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)21 Informant Amedee La Croix
(Address) 822 Saratoga St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Blaise Spick 5/23/56
(Official Designation) (Date of Issue of Permit)

100M-11-35-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEIn giving
E OF DEATH

not enter
more than one
cause for each
(a), (b) and (c)

is does not mean
de of dying, such
failure, asthenia,
means the disease,
lications which
death.

orbid conditions,
giving rise to the
cause (a) stating
underlying cause

nditions contrib-
the death but not
to the disease or
n causing death.

50M-5-52-907646

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

101

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 25 Summit Ave

Frederic

2 FULL NAME ~~Frederic~~ J. Murphy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Summit Avenue, Winthrop 52, Massachusetts

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 48 years months days. In place of residence 48 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 21 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 6 1956, to May 21 1956

I last saw him alive on May 21 1956, death is said to

have occurred on the date stated above, at 6:00 pm.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary Heart Disease

INTERVAL BE-
TWEEN ONSET
AND DEATH

1 mo.

ANTE Due To Arteriosclerotic Heart
CEDENT (b) Disease
CAUSESOver
6 yrs.

Due To Arteriosclerosis

over
6 yrs.OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.

No

Date of operation. Was autopsy performed? No

What test confirmed diagnosis? Electrocardiogram

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John F. Cronin M. D.
(Address) 27 Bennington St., Date May 21 1956

6 Revere 51, Mass. Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 24, 1956 19

7 NAME OF FUNERAL DIRECTOR Frank J. Carr

ADDRESS 79 Elm St. Charlestown

Received and filed MAY 23 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of Mabel G. Leonard
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Insurance broker (Kind of work done during most of working life)

14 Industry or Business: 40 Broad St. Boston

15 Social Security No. 015-34-6252A

16 BIRTHPLACE (City) Charlestown, Mass.
(State or country)

17 NAME OF FATHER George A. Murphy

18 BIRTHPLACE OF FATHER (City) unknown
(State or country)

19 MAIDEN NAME OF MOTHER Mary Denvir

20 BIRTHPLACE OF MOTHER (City) Charlestown, Mass.
(State or country)21 Informant Mrs Andre C. Jasse
(Address) 25 Summit Avenue WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter J. Cronin
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/23/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No.

Peter Bent Brigham Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

S. Frank Davis

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) W W #1

(a) Residence. No.

360 Riverway

St.

Boston

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April 1/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 29, 1956 to April 1, 1956

I last saw him alive on April 1/56, death is said to

have occurred on the date stated above, at 11:45PM.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH Term.

ANTE DUE TO CEDENT (b) CAUSES

Arterio sclerosis

Yrs

DUE TO (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.....

Date of operation..... Was autopsy performed?

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed) V M Cass

(Address) Peter Bent Brigham Hospt 102-56

6

Place of Burial or Cremation

April 5/56

(City or Town)

DATE OF BURIAL

19

7 NAME OF FUNERAL DIRECTOR

M N Peck

ADDRESS

East Weymouth Mass.

Received and filed

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

327102

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Irene Ford

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

65 Years

2 Months

5 Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Silk Salesman

(Kind of work done during most of working life)

14 Industry or Business:

Manufacturer's Agent

15 Social Security No.

16 BIRTHPLACE (City)

Pawtucket R.I.

(State or country)

17 NAME OF FATHER

William C Davis

18 BIRTHPLACE OF FATHER (City)

E. Kingston R.I.

(State or country)

19 MAIDEN NAME OF MOTHER

Lydia Kingsley

20 BIRTHPLACE OF MOTHER (City)

Rhode Island

(State or country)

21

Informant

(Address)

Widow

Mrs Irene

Davis

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

April 6/56

19

RECEIVED

1919



JUL 19 1919

PLACE OF DEATH

1

 Middlesex
(County)

 Arlington
(City or Town)


The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

Arlington

(City or Town making this return)

 COPY OF
 CERTIFICATE OF DEATH
Registered No. 205 ¹⁰³

No. Ring Sanatorium

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME Patrick Henry McCarthy M. D.
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (Was deceased a
 U. S. War Veteran,
 if so specify WAR) No

 (a) Residence. No. 117 Highland Ave.
 (Usual place of abode)

 St. Winthrop, Mass.
 (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 5 months 28 days. In place of residence 15 years - months - days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH May 15th 1956
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 Dec. 18, 1954 to May 15, 1956
 I last saw him alive on May 15, 1956 death is said to
 have occurred on the date stated above, at 10:00P. m.

 INTERVAL
 BETWEEN
 ONSET AND
 DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

 (a) Cerebral Vascular
 Accident (repeated)

3yrs.

 Due To Hypertensive Arterio-
 (b) Sclerotic Heart Disease

25yrs.

 Due To
 (c)

 OTHER
 SIGNIFICANT
 CONDITIONS

 Was autopsy performed? No
 What test confirmed diagnosis Neurological exam.

 5 Was disease or injury in any way related to occupation of deceased?
 If so, specify No

 (Signed) William Sharpe, Jr., M. D., M. D.
 (Address) Arlington, Mass. Date May 15, 1956

 6 Woodlawn Everett, Mass.
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 18 1956

 7 NAME OF FUNERAL DIRECTOR Arthur J. O'Waley
 ADDRESS Winthrop, Mass.

Received and filed JUN 11 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX Male 9 COLOR White 10 SINGLE (write the word)
 MARRIED
 WIDOWED
 or DIVORCED Widowed

 10a If married, widowed, or divorced
 HUSBAND of May-Bell Fryer
 (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 82 Years Months Days If under 24 hours
 Hours Minutes

 13 Usual Occupation: Medical Doctor
 (Kind of work done during most of working life)

 14 Industry
 or Business:

 15 Social Security No.
 16 BIRTHPLACE (City) Chelsea
 (State or country) Mass.

17 NAME OF FATHER Charles McCarthy

 18 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

19 MAIDEN NAME OF MOTHER Ellen McDonald

 20 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

 21 Informant Gerard Collier
 (Address) 22 Millside Rd., Arlington

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED May 18 1956

I.A. ✓

RECEIVED



JUN 11 AM

100 m.

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH
not enter
than one
for each
b) and (c)

oes not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
ause (a),
the under-
ause last.

ions contrib-
death but not
the terminal
ndition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. 104

No. 10 Underhill Street St. (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Elizabeth (Campbell) Slocum
(If deceased is a married, widowed or divorced woman, give also maiden name.) { PHYSICIAN - IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 10 Underhill Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 26 years. months. days. In place of residence. 26 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
June 1950, to June 10 1956

I last saw her alive on June 9, 1956 death is said to
have occurred on the date stated above, at 6:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cirrhosis of liver
3 yrs.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Arthritis, Rheumatoid 5 yrs

Was autopsy performed? No
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.
(Address) Winthrop, Mass. Date 6/11/1956

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 12 1956

7 NAME OF FUNERAL DIRECTOR Clifford B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUN 12 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED married
WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Frederick Eugene Slocum
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 years 5 months 4 days If under 24 hours
Hours Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Summer side Canada
(State or country)

17 NAME OF FATHER Daniel Campbell

18 BIRTHPLACE OF FATHER (City) Canada
(State or country)

19 MAIDEN NAME OF MOTHER Ann Montgomery

20 BIRTHPLACE OF MOTHER (City) Canada
(State or country)

21 Informant Frederick E. Slocum
(Address) 10 Underhill St.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Walter S. Baker
(Signature of Agent of Board of Health or other
Health Officer) (Date of Issue of Permit) 6/11/56

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 105

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 117 Upland Road St. (If death occurred in a hospital or institution,
{ give its NAME instead of street and number)2 FULL NAME Harold Doane Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.){ PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) W.W.I.(a) Residence. No. 117 Upland Road St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death 27 years months days. In place of residence 27 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3 May, 1956, to 10 June, 1956
I last saw him alive on 10 June, 1956, death is said to
have occurred on the date stated above, at 8:15 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH
months

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of liver (metastatic)

Due To (b) Branchogenic carcinoma years

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? Biopsy of liver5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop, Mass. Date 12 June 1956

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 13 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed JUN 13 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED married10a If married, widowed, or divorced
HUSBAND of Helen Augusta Ekman
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 7 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation: salesman and shipper
(Kind of work done during most of working life)

14 Industry or Business: wholesale canvas tanning Co.

15 Social Security No. 022-03-5953

16 BIRTHPLACE (City) Somerville
(State or country) Mass.

17 NAME OF FATHER William Henry Smith

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Rose Maretta Doane

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Mrs. Harold D. Smith
(Address) 117 Upland Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
MASS. (Signature of Agent of Board of Health or other)Health Office 6/13/56
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
OR
CERTIFICATEgiving
OF DEATHot enter
than one
for each
b) and (c)oes not mean
of dying,
eart failure,
tc. It means
e, or compli-
which causedns, if any,
ave rise to
ause (a),
the under-
ause last.ions contrib-
eath but not
the terminal
ndition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M.11.55.916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE..... 31 May 1917
DATE OF DISCHARGE..... 14 June 1918
RANK, RATING..... deck instructor
ORGANIZATION AND OUTFIT..... U.S. Coast Guard
SERVICE NUMBER..... 275972



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **106**

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. *61 W. Aldemar Ave* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Lawrence Joseph Grace*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) *No*

(a) Residence. No. *61 W. Aldemar Ave* St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence *25* years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *June 11 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at *6:05 P.* m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Natural Causes*

Due To (b) *Presumably Coronary Occlusion*
minutes

Due To (c) *Hypertensive Cardiovascular Disease*
years

OTHER SIGNIFICANT CONDITIONS _____

Was autopsy performed? *no*
What test confirmed diagnosis? *clinical*

5 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____

(Signed) *Arthur C. Murray* M. D.

Massachusetts Board of Health Date *12 June 1956*

6 *Walden Cross Cem.* *Walden*
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *June 14 1956*

7 NAME OF FUNERAL DIRECTOR *Paul Buonfiglia*

ADDRESS *128 Revere St Revere*

Received and filed *JUN 14 1956* 19____

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *male* 9 COLOR *white* 10 SINGLE (write the word) *MARRIED*
or *WIDOWED* or *DIVORCED* *Married*

10a If married, widowed, or divorced HUSBAND of *Mary Stellati*
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *43* Years *11* Months _____ Days _____ If under 24 hours
Hours _____ Minutes _____

13 Usual Occupation: *Clerk*
(Kind of work done during most of working life)

14 Industry or Business: *U. S. Post Office*

15 Social Security No. *021-10-1671*

16 BIRTHPLACE (City) *East Boston, Mass*
(State or country)

17 NAME OF FATHER *Cletus Grace*

18 BIRTHPLACE OF FATHER (City) *East Boston, Mass*
(State or country)

19 MAIDEN NAME OF MOTHER *Martha Garvey*

20 BIRTHPLACE OF MOTHER (City) *East Boston, Mass*
(State or country)

21 Informant (Address) *Mrs. Mary Stellati*
61 W. Aldemar Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *6/13/56* (Date of Issue of Permit)

100M-11-35-916-145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUN 1 1946

AM



RECEIVED

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
the cause or
of death on
certificates.

100M-11-55-916145

PLACE OF DEATH

SUFFOLK

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 107

1 No. 31 Emerson Rd St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edwin D Bethel (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Emerson Rd St. (If nonresident, give city or town and State)

Length of stay: In place of death 40 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 12, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Dec. 11, 1955 to June 12, 1956

I last saw him alive on June 12, 1956 death is said to
have occurred on the date stated above, at 5:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized carcinomatosis

INTERVAL
BETWEEN
ONSET AND
DEATH

6 mos.

Due To Carcinoma of the urinary
(b) bladder

8 mos

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS Arteriosclerotic
heart disease

2 yrs

Was autopsy performed? no
What test confirmed diagnosis? Clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Maurice W. Hixby M. D.

(Address) 562 Shirley St. Date June 12, 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 15, 1956

7 NAME OF FUNERAL DIRECTOR Maurice W Hixby
ADDRESS 210 Winthrop St Winthrop

Received and filed JUN 15 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed or divorced
HUSBAND of Maud Matheson
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation Printer (Kind of work done during most of working life)

14 Industry or Business News Paper

15 Social Security No.

16 BIRTHPLACE (City) Ware Mass
(State or country)

17 NAME OF FATHER Alexander Bethel

18 BIRTHPLACE OF FATHER (City) FLA
(State or country)

19 MAIDEN NAME OF MOTHER Mary E. Deman

20 BIRTHPLACE OF MOTHER (City) Ware
(State or country) Mass

21 Informant Maud Bethel
(Address) 31 Emerson Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Walter F. Hixby
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 6/15/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 108

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 45-A Winthrop Shore Drive

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Margarite (Verdone) Utenhove

(If deceased, married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

(a) Residence. No. 45-A Winthrop Shore Drive

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 8 years 8 months 8 days. In place of residence 8 years 8 months 8 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 13 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Feb. 2 1956 to June 13 1956I last saw her alive on June 13 1956, death is said to
have occurred on the date stated above, at 7:30 a m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of right lung

6 mos

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT none
CONDITIONSWas autopsy performed? no
What test conducted? Clinical & Laboratory5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Maurice Traubert Jr. M. D.

(Address) 562 Shirley St. Date 6/13 1956

6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 16 1956

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS 174 Winthrop St. Winthrop,

Received and filed JUN 16 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED married

female white

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Alphonse Utenhove

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years 7 Months 2 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

housework

(Kind of work done during most of working life)

14 Industry

or Business:

own home

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

Grammond

Belgium

17 NAME OF

FATHER

not known

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Belgium

19 MAIDEN NAME

OF MOTHER

not known

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Belgium

21

Informant

(Address)

Alphonse Utenhove

45-A Winthrop Shore Drive

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

Mass. Health Officer 6/15/56

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Charles H Phillips
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 43 Triton Ave.
(Usual place of abode)

Length of stay: In place of death years months 12 days. In place of residence 22 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 14 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from June 13 to June 13, 1956
I last saw him alive on June 13, 1956, death is said to have occurred on the date stated above, at 12:00 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) pulmonary embolism - massive Seconds

(b) arteriosclerosis general 4 years

(c) atherosclerosis 4 years

OTHER SIGNIFICANT CONDITIONS acute appendicitis ruptured, intestinal obstruction

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph J. Geronzi, M. D.

(Address) 194 Washington Ave. Date 6-14 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 16 1956

7 NAME OF FUNERAL DIRECTOR Thos. J. Geronzi

ADDRESS

Received and filed JUN 19 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 109

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Lona H. Cronin
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 9 Months 13 Days If under 24 hours
Hours Minutes13 Usual Occupation Superintendent
(Kind of work done during most of working life)

14 Industry or Business: Mill

15 Social Security No. C-21-65-4373

16 BIRTHPLACE (City) Marblehead
(State or country) Mass.

17 NAME OF FATHER Lona H. Cronin (Phillips)

18 BIRTHPLACE OF FATHER (City) Marblehead
(State or country)

19 MAIDEN NAME OF MOTHER C. H.

20 BIRTHPLACE OF MOTHER (City) Ellsworth
(State or country) Maine21 Informant Lona M. Phillips
(Address) 43 Triton Ave. Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter J. Geronzi
(Signature of Agent of Board of Health or other)Health Officer 6/15/56
(Official Designation) (Date of Issue of Permit)

V.B.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Donovan Beach

2 FULL NAME Helen E. McGovern
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 361 Pleasant St. Winthrop
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 16 years months days.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 110

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran. No
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 15 - 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Drowning

5 Accident, suicide, or homicide (specify) accidental

Date and hour of injury June 15 - 1956

Where did injury occur? Winthrop
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? Beach
(Specify type of place)Manner of injury Drowned at a Winthrop
(How did injury occur?)

Nature of injury Beach while Bathing

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Grickley M.D.

(Address) Boston June 18 - 1956

7 St. Joseph's Westbury
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL June 18 - 1956

8 NAME OF FUNERAL DIRECTOR Charles H. Keenan

ADDRESS East Boston

Received and filed. JUN 19 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX F 10 COLOR OR RACE W. 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Thomas L. McGovern
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 54 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation: Housework
(Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No. none

17 BIRTHPLACE (City) East Boston Mass
(State or country)

18 NAME OF FATHER Unknown Riley

19 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

20 MAIDEN NAME OF MOTHER Helen Maymichee

21 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)22 Informant Thomas L. McGovern
(Address) 361 Pleasant St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Charles H. Keenan
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/17/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... — General Laws, Chap., 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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JUN 19 STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301A

CTIONS
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CERTIFICATEiving
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54, requires
to print or
cause or
death on
ificates.

100M-11-55-916145

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Community Hosp.

2 FULL NAME. Baby Girl Morelli
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 2 Grady Court, East Boston
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 21, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on June 21, 1956, death is said to
have occurred on the date stated above, at 2:32 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn - 7 months

Due To Macerated Fetus

(b)

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) J. Lynn Galtling, M. D.

(Address) 624 Bennington Street, Boston, Mass.

6 Holy Cross
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 22, 1956

7 NAME OF FUNERAL DIRECTOR Frederick J. Moguth

ADDRESS 98 Harve St. E. Boston

Received and filed. JUN 22 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 111

To be filed for burial permit
with Board of Health
or its Agent.{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

{ PHYSICIAN - IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country) Mass

17 NAME OF FATHER Alfred Morrelli

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Ann Donlon

20 BIRTHPLACE OF MOTHER (City) Winchester
(State or country) Mass21 Informant Alfred Morelli
(Address) 2 Grady Ct. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Health Officer 6/23/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

112

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. WINTHROP

STANDARD
CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

LOUIS CAPLAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(a) Residence. No.

44 CANTON ST. STOUGHTON - MASS.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 33 years.....months.....days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
cause, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
e cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 25 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

, 1941, to JUNE 25, 1956.

I last saw him live on JUNE 23, 1956, death is said to
have occurred on the date stated above, at 4:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC DECOMPENSATION

INTERVAL
BETWEEN
ONSET AND
DEATH
3 days

Due To ARTERIOSCLEROSIS (GENERAL)

(h)

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS LEFT HEMIPLEGIA

15 yrs

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) G. M. Caplan, M. D.

(Address) 166 PAINCOURT ST. BOSTON Date 6-25-1956

6 PRIDE & BROCKTON CEM. STOUGHTON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 25, 1956

7 NAME OF FUNERAL DIRECTOR B. SCHLOSSBERG & SONS

ADDRESS 1257 BLUE HILL AVE. WINTHROP

Received and filed JUN 28 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of SARAH GRANT.
(Give maiden name of wife in full)(or) WIFE of ~~LOUIS CAPLAN~~
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 8 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: RETIRED
(Kind of work done during most of working life)

14 Industry or Business: TAILOR

15 Social Security No. NONE

16 BIRTHPLACE (City) RUSSIA
(State or country)

17 NAME OF FATHER MOISHA CAPLAN

18 BIRTHPLACE OF FATHER (City) RUSSIA
(State or country)

19 MAIDEN NAME OF MOTHER SELMA DINAH S.N.B.L.

20 BIRTHPLACE OF MOTHER (City) RUSSIA
(State or country)21 Informant DR. A. N. CAPLAN
(Address) 19 MERMAID AVE. WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter L. Baker
(Signature of Agent of Board of Health or other)Healer Officer 6/25/56
(Official Designation) (Date of Issue of Permit)

100M-11-25-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

113

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community HospitalSt. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME James Barbere
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 198 Brooks St.
(Usual place of abode)St. East Boston
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 29 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

June 27, 1956 to June 29, 1956I last saw him alive on June 29, 1956, death is said tohave occurred on the date stated above, at 12:58 m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity Prematurity
5 mo. 7 Pre. at DeliveryDue To (b) 5 MO. 7 Pre. at Delivery

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) Wm. D. ... M. D.(Address) 72 Shirley Ave. ... Date 6/30, 19566 Holy Cross Malden
Place of Burial or Cremation (City or Town)DATE OF BURIAL July 2, 19567 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
East Boston
ADDRESSReceived and filed JUL 2 1956, 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of ...
(Give maiden name of wife in full)(or) WIFE of ...
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE ... Years ... Months ... Days ...
If under 24 hours 2 Hours 9 Minutes13 Usual Occupation: ...
(Kind of work done during most of working life)14 Industry
or Business: ...15 Social Security No. ...16 BIRTHPLACE (City) Winthrop
(State or country) Mass.17 NAME OF FATHER James Barbere18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.19 MAIDEN NAME OF MOTHER Dolores Harris20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant James Barbere
(Address) 198 Brooks St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter L. ...
(Signature of Agent of Board of Health or other)Health Officer 7/2/56
(Official Designation) (Date of Issue of Permit)

100M-11-55-915145

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
do the terminal
condition givenChapter 137,
1954, requires
ans to print or
he cause or
e of death on
certificates.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE and MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

90M-10-53-910621

PLACE OF DEATH

1

Suffolk
(County)
Wintthrop
(City or Town)

No. 15 Prescott St.

2 FULL NAME

Viola A. Carroll
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

15 Prescott St Wintthrop
(Usual place of abode)

Length of stay: In place of death ~~3~~ years 10 months days. In place of residence 33 years months days.

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH



To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

111

(If death occurred in a hospital or institution, St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

no

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

June - 29 - 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

acute Pulmonary edema
coronary heart disease

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did
injury occur?
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?
(Specify type of place)

Manner of Injury Collapsed in her home
(How did injury occur?)

Nature of Injury died quickly

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Bricker M. D.
(Address) Wintthrop June - 29 - 1956

7 Place of Burial, or Cremation

(City or Town)

DATE OF BURIAL July 3 1956

8 NAME OF FUNERAL DIRECTOR

Wintthrop

ADDRESS

Received and filed 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of

(or) WIFE of Robert E. Carroll
(Give maiden name of wife in full)
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 52 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: Nurse
(Kind of work done during most of working life)

15 Industry or Business: Own Home

16 Social Security No. 100-1-101-10000

17 BIRTHPLACE (City) (State or country) Wintthrop Mass

18 NAME OF FATHER (ROBIN) Mac Donald

19 BIRTHPLACE OF FATHER (City) (State or country) Wintthrop Canada

20 MAIDEN NAME OF MOTHER Mac Donald

21 BIRTHPLACE OF MOTHER (City) (State or country) Canada

22 Informant (Address) Robert E. Carroll 15 Prescott St Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter D. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 7/2/56

JUN 6 - 1956

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one; where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-3-55-915025

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Veteran's Hosp. Boston

No.

Joseph E Moran

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

207 Revere St.

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 23 months 23 days. In place of residence 1 years 3 months 3 days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



COPY OF

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No.

3436 15

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR) W W #1

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April 9/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

March 18

19 56

to

April 9

19 56

I last saw h. alive on death is said to

have occurred on the date stated above, at 5:45A. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Metastatic carcinoma site unknown

INTERVAL BETWEEN ONSET AND DEATH

Yr

ANTECEDENT CAUSES

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Major findings: Of operations.

Date of operation. Was autopsy performed? None

What test confirmed diagnosis? clinical and laboratory

5 Was disease or injury in any way related to occupation or deceased? Findings

If so, specify

(Signed) John Nelson M. D.
(Address) VA Hosp. Boston Date 4-9 19 56

6 Place of Burial or Cremation Holy Cross Malden Mass.
(City or Town)

DATE OF BURIAL April 12/56 19

7 NAME OF FUNERAL DIRECTOR

R C Kirby

ADDRESS

Boston Mass.

Received and filed April 12 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of Anna L Finn

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

60

Years

9

Months

10

Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

Bartender

(Kind of work done during most of working life)

14 Industry or Business:

Tavern

15 Social Security No. 134-16-4222

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER

James Moran

18 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME OF MOTHER

Mary Dyer

20 BIRTHPLACE OF MOTHER (City)

England

(State or country)

21

Informant (Address)

V A Hospt Records

A TRUE COPY


ATTEST:

(Registrar of City or Town where death occurred)

April 13/56

DATE FILED

19



JUL 18 1917

Entered Service 11-28-17 Discharged 9-30-21

Army Service No. 1436749

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town
at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased
resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

The Commonwealth of Massachusetts

Boston

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No. 38116

No. Mass. General Hospt.

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)}

2 FULL NAME Joseph A Sullivan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 45 Chester Ave.

St. Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence 30 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18/56
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 17 56, 1956, to April 18 56, 1956

I last saw him alive on April 18/56 death is said to

have occurred on the date stated above, at 1:15AM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia

Due To Myasthenia gravis
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C L Clay, M. D.

(Address) Mass. General Hospt 4-18 1956

6 Holy Cross Malden Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 21/56 1956

7 NAME OF FUNERAL DIRECTOR A M Kelly
ADDRESS Arlington Mass.

Received and filed APR 31 1956 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 1 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation Ship Builder and
(Kind of work done during most of working life)

14 Industry or Business Steamfitting and Plumbing

15 Social Security No. 010-12-7232

16 BIRTHPLACE (City) East Boston Mass.
(State or country)

17 NAME OF FATHER Cornelius A Sullivan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary A Harrington

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant Mrs Grace C Phinney
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 23/56



JUL 31 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

Suffolk

(County)
Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 3872 117

No. Boston City Hospt. (If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME Joseph Connolly (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 162 Herman St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 1 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 20/56 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 16 19 55 to April 20 19 56

I last saw him alive on ---, 19 ---, death is said to have occurred on the date stated above, at 8:30A m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchogenic carcinoma left upper lobe

Due To (b) Confluent broncho pneumonia

Due To (c) Days

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M W O'Connell M. D. (Address) Boston City Hospt. Date 4-20 19 56

6 Mt. Benedict Boston Mass. (City or Town) DATE OF BURIAL April 23/56 19

7 NAME OF FUNERAL DIRECTOR M W Kirby Boston Mass. ADDRESS

Received and filed JUL 31 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Mary J Dubeck (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Prison Officer (Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. ---

16 BIRTHPLACE (City) Charlestown Mass. (State or country)

17 NAME OF FATHER Bartholomew Connolly

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER ---

20 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

21 Informant Mrs Mary Connolly (Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 24/56 19



JUL 31 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 1185 118

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hosp.

George Cowen

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

24 River Road

(a) Residence, No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

May 6/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 5, 1956, to May 6, 1956

I last saw him alive on May 6, 1956, death is said to

have occurred on the date stated above, at 4:15 AM m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Uremia

INTERVAL BETWEEN ONSET AND DEATH

2 Yrs

ANTE CEDENT CAUSES

Due To (c)

Chronic pyelonephritis 16 Yrs

OTHER SIGNIFICANT CONDITIONS

Hypertension

4 Yrs

Major findings: Of operations

Date of operation Was autopsy performed? Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. L. Clay

Mass. General Hosp.

5-6, 1956

6 Place of Burial or Cremation (City or Town)

Winthrop Cem. Winthrop Mass.

May 9/56

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

M W Kirby

ADDRESS

Winthrop Mass.

Received and filed

AUG 8 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR OR RACE

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

Ann Silva

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 58

Years Months Days

If under 24 hours

Hours Minutes

13 Usual Occupation

Laborer

(Kind of work done during most of working life)

14 Industry or Business

15 Social Security No.

16 BIRTHPLACE (City) (State or country)

Boston Mass.

17 NAME OF FATHER

Mathias Cowen

18 BIRTHPLACE OF FATHER (City) (State or country)

Boston Mass.

19 MAIDEN NAME OF MOTHER

Catherine ---

20 BIRTHPLACE OF MOTHER (City) (State or country)

Nova Scotia

21 Informant (Address)

Joseph Cowen

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

May 11/56

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-55-915025

RECEIVED



AUG-8

AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSRIVER
(City or Town making this return)

Suffolk

(County)

Revere

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No. 119

No. Grover Manor Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME. Harry H. Dickson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 129 River Road
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....5.....days. In place of residence.....40.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 16, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 11, 1956 to June 16, 1956
in June 16, 1956
I last saw him alive on June 16, 1956, death is said to
have occurred on the date stated above, at 10:55 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

INTERVAL
BETWEEN
ONSET AND
DEATH

48hrs

Due To Cerebral Vascular
(b) accident2
weeksDue To Arteriosclerotic Heart
(c) disease

2yrs.

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Clinical signs5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) James F. Burns, M. D.
537 roadway
(Address) Everett Date June 17, 19566 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 19, 1956

7 NAME OF FUNERAL DIRECTOR. Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed JUL 12 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR Colored 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed or divorced
HUSBAND of Etta Campbell
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 8 Months 2 Days If under 24 hours
Hours Minutes13 Usual Occupation: Chauffeur
(Kind of work done during most of working life)

14 Industry or Business: Private

15 Social Security No. 029-05-0252

16 BIRTHPLACE (City)
(State or country) Virginia

17 NAME OF FATHER Haywood Dickson

18 BIRTHPLACE OF FATHER (City)
(State or country) Virginia

19 MAIDEN NAME OF MOTHER Leah Reddick

20 BIRTHPLACE OF MOTHER (City)
(State or country) Cannot Be Learned21 Informant Etta Dickson
(Address) 129 River Rd., Winthrop

A TRUE COPY

ATTEST: Joseph A. Shickel
(Registrar of City or Town where death occurred)

DATE FILED June 20, 1956

V.B. ✓

JUL 18 19

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

1

ESSEX

(County)

LAWRENCE

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

LAWRENCE

(City or Town making this return)

COPY OF

610

120

CERTIFICATE OF DEATH

Registered No.

Lawrence General Hospital

{ (If death occurred in a hospital or institution, give its NAME instead of street and number)

No.

John F. Roan

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

254 Pleasant

Winthrop, Mass.

(a) Residence. No. (Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 27 1956 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 21 56 to June 27 56

I last saw him alive on June 27 56 at 3.30 p.m. death is said to have occurred on the date stated above, at 3.30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis 3 days

Due To Coronary Art. Disease 1 yr. (b)

Due To Arterio Sclerosis & Hypertensive Vascular Disease 5 yrs. (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? E.K.G. What test confirmed diagnosis? no

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George W. Desmet 10 Amesbury St. 6-27 56

(Address) Winthrop Cemetery, Winthrop, Mass.

6 Place of Burial or Cremation June 30 56 (City or Town)

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley Winthrop, Mass.

ADDRESS

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE MARRIED Married MARRIED WIDOWED or DIVORCED

10a If married, widow or divorced, name of HUSBAND of Harriet Floyd (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Watchman (Kind of work done during most of working life)

14 Industry or Business: Building

15 Social Security No. East Boston Mass. 16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER Daniel F. Roan

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Maria Mulready

20 BIRTHPLACE OF MOTHER Ireland (State or country)

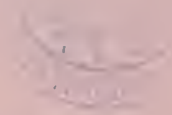
21 Informant (Address) Harriet Roan 254 Pleasant St., Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 3 1956

50M.11-55-916145



JUL 10 11

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-5-52-907046

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 121

No. Danvers State Hospital, Hathorne, St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 PULL NAME Bridget Lazzari
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Maiden name Bridget Lazzari)
(a) Residence. No. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In place of death 1 years 0 months 7 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 29, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cerebral Hemorrhage, diabetes

5 Accident, suicide, or homicide (specify)
Date and hour of injury 19
Where did Injury occur?
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place?
(Specify type of place)
Manner of Injury
(How did injury occur?)
Nature of Injury
While at work? Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph P. McCarthy, M. D.
(Address) Peabody, Mass. Date 6/30 19 56

7 St. Michael's Boston, Mass.
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL July 5, 19 56

8 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS East Boston, Mass.

Received and filed JUL 19 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

11a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Augusto Lazzari (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 79 Years 6 Months 11 Days If under 24 hours Hours Minutes

14 Usual Occupation: Housewife (Kind of work done during most of working life)

15 Industry or Business:

16 Social Security No. Unknown

17 BIRTHPLACE (City) (State or country) Italy

18 NAME OF FATHER John Lazzari

19 BIRTHPLACE OF FATHER (City) (State or country) Italy

20 MAIDEN NAME OF MOTHER Marie Dellatte

21 BIRTHPLACE OF MOTHER (City) (State or country) Italy

22 Informant Mary E. Sheehan (Address) Hathorne, Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 9, 19 56

RECEIVED



JUL 19 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

122

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution,
give its NAME instead of street and number)

No. Winthrop Community Hospital

2 FULL NAME Tyler B Lippincott

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

98 Somerset Ave.

(a) Residence. No. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 4 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Feb. 3 1956 July 3 1956

I last saw him alive on July 3 1956, death is said to
have occurred on the date stated above, at 4:00A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cirrhosis of Liver

INTERVAL
BETWEEN
ONSET AND
DEATH.
1 yr.

Due To
(h)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS Uremia

1 Week

Was autopsy performed? No.
What test confirmed diagnosis? Lab. & Clinical

5 Was disease or injury in any way related to occupation of deceased?
If so, specify. No

(Signed) S. W. Dickinson, M. D.

(Address) 98 Somerset Ave Date July 5 1956

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 6 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 10 Winthrop Ave

Received and filed. JUL 6 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of Laura Storrie
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 8 Months 24 Days If under 24 hours
Hours Minutes

13 Usual Occupation Pressman
(Kind of work done during most of working life)

14 Industry or Business Newspaper

15 Social Security No. 029-05-5502

16 BIRTHPLACE (City) Philadelphia
(State or country) Penn.

17 NAME OF FATHER Henry I Lippincott

18 BIRTHPLACE OF FATHER (City) Philadelphia
(State or country) Penn.

19 MAIDEN NAME OF MOTHER Mary R Powers

20 BIRTHPLACE OF MOTHER (City) Philadelphia
(State or country) Penn.

21 Informant Laura Lippincott
(Address) 98 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter S. Hakes
(Signature of Agent of Board of Health or other)

Health Officer 7/6/56
(Official Designation) (Date of Issue of Permit)

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

ot enter
than one
for each
b) and (c)

oes not mean
of dying,
heart failure,
etc. It means
the under-
which caused

ns, if any,
ave rise to
ause (a),
the under-
ause last.

ions contrib-
death but not
the terminal
dition given

Chapter 137,
1954, requires
ns to print or
e cause or
f death on
rtificates.

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. . . These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
DEATH CERTIFICATEgiving
OF DEATH

not enter
than one
to for each
(b) and (c)

does not mean
of dying, such
failure, asthenia,
means the disease,
indications which
death.

bid conditions,
giving rise to the
case (a) stating
underlying cause

ditions contrib-
the death but not
to the disease or
causing death.

100M-10-53-910621

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death..... years..... months..... 3 days. In place of residence..... 7 years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

4 I HEREBY CERTIFY, That I attended deceased from

July 2, 1956, to July 4, 1956

I last saw him alive on July 4, 1956, death is said to

have occurred on the date stated above, at 3:40 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BRONCHOPNEUMONIA

ANTECEDENT CAUSES

Due To (c) PARKINSON'S SYNDROME

OTHER SIGNIFICANT CONDITIONS

Major findings:
Of operations.....

Date of operation..... Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Physician Date July 4, 1956

(Address) 114 Franklin St. Chelsea, Mass.

6 Place of Burial or Cremation

DATE OF BURIAL July 5, 1956

7 NAME OF FUNERAL DIRECTOR

ADDRESS 394 Washington St. Dorchester

Received and filed JUL 5 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 123

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

St. Chelsea (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE (write the word)

Male

White

MARRIED Married

10a If married, widowed, or divorced

HUSBAND of Freida Silverman

(Give maiden name of wife in full)

(or) WIFE of.....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

42 Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Carpenter

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Chelsea Mass

17 NAME OF FATHER

Myer Ratner

18 BIRTHPLACE OR

FATHER (City)

Russia

19 MAIDEN NAME

OF MOTHER

Annie Maltzman

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

Informant

(Address)

Freida Ratner
3 Franklin St. ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/5/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 124

PLACE OF DEATH

Suffolk
(County)

1

Winthrop
(City or Town)

No. Winthrop Convalescent Home

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

HAROLD Bullock

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No.

(a) Residence. No.

17 ORCHARD

St.

Revere

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 15 days. In place of residence. 20 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHJuly 6 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1954, to July 6, 1956

I last saw him alive on July 6, 1956, death is said to

have occurred on the date stated above at 1040a.m.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) BLEEDING
PEPTIC ULCERINTERVAL
BETWEEN
ONSET
AND
DEATH

3 days

ANTE
CEDENT
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSDIABETES
MELITIS

3 years

Major findings:
Of operations.

None

Date of operation. None Was autopsy performed? no

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) AS BLENZ, M. D.

(Address) Chelsea Date 7/6 1956

6 WOODLAWN EVERETT
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 9 - 1956

7 NAME OF
FUNERAL DIRECTOR Arthur S. Pirella

ADDRESS 876 Winthrop Ave, Revere

Received and filed JUL 9 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

MALE

9 COLOR OR RACE

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of HARRIET Williams

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 71 Years 7 Months 10 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired - Oiler

(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. 012-18-8415

16 BIRTHPLACE (City)
(State or country)

England

17 NAME OF
FATHER

George Bullock

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER Lydia Brough

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant: Henry Bullock

(Address) 63 GLEN BURN Rd, Arlington

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter S. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 7/9/56

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

125

STANDARD CERTIFICATE OF DEATH

Registered No. _____

R-301A

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)



No. _____ Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva E (Whitman) Edgar
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 66 Lowell Rd. St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death _____ years _____ months _____ days. In place of residence 15 years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 7 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from June 19, 1956, to July 7, 1956
I last saw him alive on July 7, 1956, death is said to have occurred on the date stated above, at 9:50 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To (b) arteriosclerosis
(c) atherosclerosis

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus

Was autopsy performed? _____
What test confirmed diagnosis? _____

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Sample Dr. gone M. D.
(Address) 194 West 10th St. Date 7-9-56

6 Belmont Belmont
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 10 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Maine

Received and filed JUL 9 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full)
(or) WIFE of John Edgar (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 3 Months 3 Days If under 24 hours Hours _____ Minutes _____

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Nova Scotia (State or country)

17 NAME OF FATHER Rufus Whitman

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

19 MAIDEN NAME OF MOTHER Sarah Simpson

20 BIRTHPLACE OF MOTHER (City) Nova Scotia (State or country)

21 Informant Mildred Irvine (Address) 66 Lowell Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter D. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 7/9/56

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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Chapter 137,
1954, requires
ns to print or
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of death on
certificates.

100M-11-35-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Suffolk
(County)

Winthrop
(City or Town)



STANDARD CERTIFICATE OF DEATH

Registered No. 126

No. 41 Washington Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Della R (Slocum) Purdy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, NO
if so specify WAR)

(a) Residence. No. 41 Washington Ave. 53 Park Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 9 months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 10, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
June 7, 1956, to July 9, 1956, 19
I last saw him alive on July 9, 1956, death is said to
have occurred on the date stated above, at 5:00 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Cerebral Thrombosis

(a) 1 Mo.

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To (b) Generalized Arteriosclerosis 15 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS Diabetis Mellitus 25 yrs

Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John F. Pepi M. D.
821 Saratoga Street, East July 10, 1956
(Address) Boston, Massachusetts Date

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 12, 1956

7 NAME OF FUNERAL DIRECTOR
ADDRESS

Received and filed JUL 12 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Widow
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
Walter H
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 5 22
Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation Housewife
(Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No. None

16 BIRTHPLACE (City) New Brunswick
(State or country)

17 NAME OF FATHER Edwin Slocum

18 BIRTHPLACE OF FATHER (City) New Brunswick
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Wiggins

20 BIRTHPLACE OF MOTHER (City) New Brunswick
(State or country)

21 Informant Margaret Gustafson
(Address) 53 Park Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
Walter S. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/12/56 (Date of Issue of Permit)

R-301A

PLACE OF DEATH

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-35-916145

PLACE OF DEATH

Middlesex
(County)Cambridge
(City or Town)

No. Holy Ghost Hospital

2 FULL NAME Mary Etta Kelleher
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 15 Palmyra St.
(Usual place of abode)

Length of stay: In place of death 4 years 13 months 13 days. In place of residence 45 years 4 months 45 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 11, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Feb. 23 19 56 to July 11 19 56
I last saw him live on July 11 19 56 death is said to have occurred on the date stated above, at 11:55P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis

Due To Carcinoma of Breast
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Harold E. Nash Jr. M. D.
(Address) Holy Ghost Hosp. Date 7/12 19 566 St Mary's Randolph
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 14, 1956 19

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop, Mass.

Received and filed AUG 2 1956 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSCOPY OF
CERTIFICATE OF DEATHCambridge
(City or Town making this return)

Registered No. 10427

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a U. S. War Veteran, if so specify WAR)

Winthrop, Mass.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED Married

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)
(or) WIFE of John H. Kelleher
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Teller
(Kind of work done during most of working life)

14 Industry or Business: Banking

15 Social Security No. East Boston Mass.

17 NAME OF FATHER Joseph L. Visall

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary J. Crowley

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant John H. Kelleher
(Address) 15 Palmyra St., WinthropA TRUE COPY Frederick H. Burke
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 13, 1956 19

AUG-8 AM

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No.

78 Chester Ave

2 FULL NAME

Fred Gardner Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

78 Chester Ave Winthrop

St.

(If nonresident, give city or town and State)

Length of stay: In place of death

50

years

months

days

In place of residence

50

years

months

days

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

128

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July - 16 - 1958
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

General Arteriosclerosis
Coronary artery Heart Disease

5 Accident, suicide, or homicide (specify)

Date and hour of injury

19

Where did
injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?

Manner of
injuryNature of
injury

While at work?

Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

7 Woodlawn Crematory

(City or Town)

Place of Burial, or Cremation.

DATE OF BURIAL

8 NAME OF
FUNERAL DIRECTOR

ADDRESS

Received and filed

JUL 17 1958

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Male

10 COLOR OR RACE

White

11 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

11a If married, widowed, or divorced

HUSBAND of

Mabel Hall

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

82

Years

Months

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation

Broker

(Kind of work done during most of working life)

15 Industry
or Business

Stocks

16 Social Security No.

022-05-3910

17 BIRTHPLACE (City)

New York City

(State or country)

New York

18 NAME OF
FATHER

Charles M Smith

19 BIRTHPLACE OF
FATHER (City)

(State or country)

New Hampshire

20 MAIDEN NAME
OF MOTHER

Harriet Gardner

21 BIRTHPLACE OF
MOTHER (City)

Charlestown

(State or country)

Mass.

22 Informant

(Address)

Vivian E Smith

78 Chester Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

7/17/58

N. B. — WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF
DEATH in plain terms, so that it may be properly classified under the International Classification of Causes
of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

504-10-53-910621

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 12



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 129

No. Winthrop Comm. Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Clifford

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 11 Paine St.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 17, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19, death is said to

have occurred on the date stated above, at 10:45 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn
(8 months)

Due To (b) Premature Separation
of placenta

Due To (c) (Baby delivered by
Caesarean section)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? 0
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. N. Caplan, M. D.

(Address) 186 Princeton St. B. Date 7-18-1956

6 Winthrop Winthrop Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 18 1956

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop Mass Winthrop Mass

Received and filed JUL 18 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word) MARRIED single WIDOWED or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop Mass
(State or country)

17 NAME OF FATHER Warren Clifford

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Virginia Ciampa

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

21 Informant Frank Ciampa
(Address) 11 Paine St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) Health Officer
(Official Designation) (Date of Issue of Permit) 7/18/56

1 R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
have rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100-11-55-916145

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-ten, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 15

PM



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 130

No. 45 Atlantic Street

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Harold J. Lambert

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran, W W 1

(if so specify WAR)

(a) Residence, No. 45 Atlantic Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 20 years months days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 20, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 7, 1956, to July 20, 1956

I last saw him alive on July 19, 1956, death is said to

have occurred on the date stated above, at 2:50 pm

INTERVAL
BETWEEN
ONSET AND
DEATH

3 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of the Lungs

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? X-Ray & Bronchoscopy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. Collins, M. D.

(Address) 27 Bennington Street, Revere 51, Mass. Date July 21, 1956

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL July 23, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed JUL 23 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Rita E. Moynihan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 61 Years Months Days

If under 24 hours
Hours Minutes

13 Usual

Occupation: Supervisor Elec Maint.

(Kind of work done during most of working life)

14 Industry

or Business:

U.S. Navy Dept

15 Social Security No.

025-09-8697

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass

17 NAME OF
FATHER

Louis F. Lambert

18 BIRTHPLACE OF

FATHER (City)

Cannot be learned

(State or country)

19 MAIDEN NAME

OF MOTHER Mary Magee

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

Mass

21

Informant

Rita E. Lambert

(Address)

45 Atlantic St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

J.B. ✓

R-301A

1

PLACE OF DEATH

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which causedous, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ns to print or
he cause or
of death on
certificates.

100M-11-55-9161-5

ENTRIES
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE September 30 1921.

RANK, RATING Yeoman 3 cl

ORGANIZATION AND OUTFIT U.S. Naval Reserve

SERVICE NUMBER



1 R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
le of dying,
heart failure,
etc. It means
use, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

100M-11-55-915145

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. **131**

PLACE OF DEATH

Suffolk
(County)*Winthrop*
(City or Town)No. *Winthrop Community Hospital*St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME *Sara K. Bergmann*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, *no*
if so specify WAR)(a) Residence. No. *123 Winthrop*
(Usual place of abode)St. *Winthrop Mass*
(If nonresident, give city or town and State)Length of stay: In place of death *—* years *—* months *1* days. In place of residence *5* years *—* months *—* days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *July 22 1956*
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 1952 to *July 22 1956*
I last saw her alive on *July 22 1956*, death is said to
have occurred on the date stated above, at *1:05 A.M.*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Acute Coronary Occlusion*INTERVAL
BETWEEN
ONSET AND
DEATH*24 hrs.*Due To *Hypertensive Coronary*
(b) *Artery Heart Disease**5 yrs.*Due To
(c)OTHER
SIGNIFICANT
CONDITIONS *Diabetes Mellitus**5 yrs.*Was autopsy performed? *No*
What test confirmed diagnosis? *clinical*5 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify(Signed) *Charles Liberman* M. D.(Address) *Winthrop Mass* Date *July 22 1956*6 *Bloss City Lodge Winthrop Comm*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *July 23 1956*7 NAME OF FUNERAL DIRECTOR *Hyman J. Toff*
ADDRESS *51 Washington St. Boston*Received and filed *JUL 23 1956* 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Female* 9 COLOR *White* 10 SINGLE (write the word)
MARRIED *Widowed*
*or DIVORCED*10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of *Charles A. Bergmann*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 *58* AGE *58* Years *—* Months *—* Days If under 24 hours
Hours *—* Minutes13 Usual Occupation: *Housewife*
(Kind of work done during most of working life)14 Industry or Business: *Own Home*15 Social Security No. *none*16 BIRTHPLACE (City) *Waterbury Conn*
(State or country)17 NAME OF FATHER *Morris Berman*18 BIRTHPLACE OF FATHER (City) *Russia*
(State or country)19 MAIDEN NAME OF MOTHER *Tillie Witkin*20 BIRTHPLACE OF MOTHER (City) *Russia*
(State or country)21 Informant *Sarah V. Fritz*
(Address) *123 Winthrop St Winthrop Mass*I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) *Health Officer* (Date of Issue of Permit) *7/23/56*

131

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



R-301A

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

132

No. 271 Winthrop

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. MARGARET THERESA SULLIVAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, None
if so specify WAR)

(a) Residence. No. 271 WINTHROP ST WINTHROP MASS.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 3 1/2 years.....months.....days. In place of residence 3 1/2 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JULY 25 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Sept 4 1954 to JULY 25 1956
I last saw her alive on JULY 25 1956 death is said to

have occurred on the date stated above, at 8 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMATOSIS

24RS.

Due To (b) PRIMARY CARCINOMA
OF LUNGS

24RS

Due To (c)

OTHER SIGNIFICANT CONDITIONS CARDIAC
DECOMPENSATION

1 year

Was autopsy performed? M.P.
What test confirmed diagnosis? X-RAY - SPUTUM

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) E. N. Caplan, M. D.
Superintendent of Health, Boston
Date 7-25-1956

6 HOLY CROSS MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 27 1956

7 NAME OF FUNERAL DIRECTOR Daniel A. Kiles
ADDRESS 3 Dexter Row Charlestown

Received and filed JUL 26 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
Dennis J. Sullivan
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years - Months - Days If under 24 hours
Hours Minutes

13 Usual Occupation: Cook
(Kind of work done during most of working life)

14 Industry or Business Boston Industrial School

15 Social Security No. 011-20-0473

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER William Donnelly

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Bridget Boyle

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Helen Pignato (daughter)
Informant Address 271 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
H. O. C. Baker July 26 1956
(Official Designation) (Date of Issue of Permit)

V.B. ✓

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

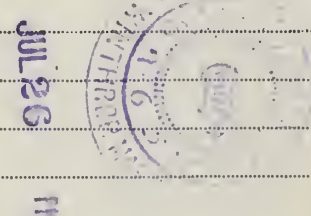
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M (E)-6-50-902253

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Grover Manor Hospital

The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

REVERE

(City or town making return)

Registered No.

133

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth Hanson (Johannson)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 35 Moore St.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death... 1 months... 20 days. In place of residence... 2 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 26, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 6, 1956 to July 26, 1956

I last saw her alive on July 26, 1956 death is said to

have occurred on the date stated above, at 6:30 A.m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Uremia

INTERVAL BETWEEN ONSET AND DEATH 48 hours

ANTECEDENT CAUSES Due To Metastatic carcinoma of both ovaries

Due To (c)

1 year

OTHER SIGNIFICANT CONDITIONS

Major findings: Grade III carcinoma of both ovaries

Date of operation 11/55 Was autopsy performed? no

What test confirmed diagnosis? Pathology-Clinical sig

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James F. Burns

(Address) 537 Bowdoin, Everett Date July 26, 1956

6 Glenwood Cemetery Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 30, 1956

7 NAME OF FUNERAL DIRECTOR J. E. Henderson Co.
ADDRESS 517 Broadway, Everett

Received and filed 8-3-56 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word) MARRIED Married WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Hilmer J. Hanson

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 49 Years 11 Months 18 Days If under 24 hours Hours Minutes

13 Usual Occupation: At home (Kind of work done during most of working life)

14 Industry or Business: own

15 Social Security No. none

16 BIRTHPLACE (City) Sweden (State or country)

17 NAME OF FATHER Sven Johannson

18 BIRTHPLACE OF FATHER (City) Sweden (State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

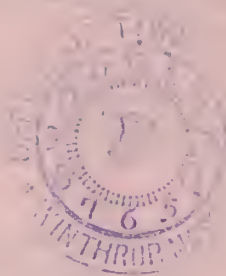
20 BIRTHPLACE OF MOTHER (City) Sweden (State or country)

21 Informant Hilmer J. Hanson (Address) 35 Moore St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 27, 1956



AUG-3 AM

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-35-9161-45

X

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Resthaven Nursing Home

2 FULL NAME Ralph Alloyisus Swift

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 103 Locust St.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 23, 1951 to July 28, 1956
I last saw him alive on July 24, 1956, death is said to
have occurred on the date stated above, at 9:45 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

Due To Arteriosclerotic
(b) Heart DiseaseDue To Senile Psychosis.
(c)OTHER
SIGNIFICANT
CONDITIONS none

Was autopsy performed? no

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....(Signed) Myron N. King M. D.
222 Pleasant St. July 30 56
(Address) Winthrop Date 196 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL July 31 19567 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
174 Winthrop St., Winthrop
ADDRESS

Received and filed AUG 3 1956 19

(Registrar of City or Town where deceased resided)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 134

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Fannie A. Whittle
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 1 Months 12 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Electrician
(Kind of work done during most of working life)

14 Industry or Business: Commercial

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER Patrick Joseph Swift

18 BIRTHPLACE OF FATHER (City) England
(State or country)19 MAIDEN NAME OF MOTHER Lyons
Catherine Frances/20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.21 Informant Paul Swift
(Address) 31 Harbor View Ave., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 31 1956



AUG-3 AM

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 135

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Gertrude Darling

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 195 Winthrop Street
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 16 years. 23 months. 23 days. In place of residence. 23 years. 23 months. 23 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
July 14, 1956, to July 30, 1956I last saw her alive on July 30, 1956 death is said to
have occurred on the date stated above, at 12:30 pm.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Chronic Myocarditis

Several
yrs.Due To Arteriosclerotic Heart Disease Several
(b) Yrs.Due To Generalized Arteriosclerosis
(c) Several
Yrs.

OTHER SIGNIFICANT CONDITIONS Fracture of Right Femur July 14 1956

Was autopsy performed? No
What test confirmed diagnosis? X-Ray of Right Femur5 Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) John F. Collins, M. D.
27 Bennington St.,
(Address) Revere 51, Mass. Date July 31 19566 Woodlawn Cemetery Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OR CREMATION Aug. 2 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.
Received and filed JUL 31 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 10 1/2 years 6 Months 5 Days If under 24 hours
Hours Minutes13 Usual Occupation Retired School Teacher
(Kind of work done during most of working life)

14 Industry or Business Public School System

15 Social Security No. no
16 BIRTHPLACE (City) Philadelphia Pa.
(State or country)

17 NAME OF FATHER Henry Julius Darling

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Phoebe Eustice

20 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)21 Informant Eugene P. Whittier
(Address) 36 Ingleside Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Healer Office 7/31/56
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

1

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

100M-11-35-916145

EDUCATION

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-four, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Faulkner Hospt.

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

136
167136

2 FULL NAME

Baby Boy Johannesen

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

205 Somerset Ave.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

May 15/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

May 14, 1956 to May 15, 1956

I last saw him on May 15, 1956 death is said to

have occurred on the date stated above, at 12:30A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Atelectasis

Due To

(b)

Prematurity

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed Yes

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

C P Sheldon

M. D.

(Address)

Boston Mass.

Date 5-15 19 56

6

Place of Burial or Cremation

Winthrop Cem-Winthrop Mass.

(City or Town)

DATE OF BURIAL

May 16/56

19

7 NAME OF

FUNERAL DIRECTOR

Howard S Reynolds

Winthrop Mass.

ADDRESS

Received and filed

AUG 2 1956

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE.....Years.....Months.....Days

If under 24 hours

12 hours.....Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston Mass.

17 NAME OF

FATHER

Arthur Johannesen

18 BIRTHPLACE OF

FATHER (City)

Winthrop Mass.

(State or country)

19 MAIDEN NAME

OF MOTHER

Beverly Baker

20 BIRTHPLACE OF

MOTHER (City)

Boston Mass.

(State or country)

21

Informant

(Address)

Father

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

May 17/56

19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



AUG 20 AM

RM R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

1

Norfolk

(County)

Quincy

(City or Town)

No. Dredge "Toledo" on Town River

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Quincy

(City or town making return)

Registered No.

137

2 FULL NAME. Alexander DeCosta
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) ---(a) Residence. No. 34 Pebble Avenue
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 15, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Probable acute cardiac failure.
Found dead in bunk.

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did
Injury occur?.....
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)Manner of
Injury.....
(How did injury occur?)Nature of
Injury.....

While at work?..... Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) George D. Dalton M. D.
(Address) 754 Hancock Street Quincy Date 7/16 19 56

Winthrop Cemetery, Winthrop

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL July 19, 19 56

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed. AUG 13 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)
MARRIED
WIDOWED Single
or DIVORCED11a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 54 Years -- Months -- Days If under 24 hours
Hours Minutes14 Usual Occupation: Engineer
(Kind of work done during most of working life)

15 Industry or Business: Steamship

16 Social Security No. Norwood

17 BIRTHPLACE (City). Mass.
(State or country)

18 NAME OF FATHER -----

19 BIRTHPLACE OF FATHER (City) -----
(State or country)

20 MAIDEN NAME OF MOTHER -----

21 BIRTHPLACE OF MOTHER (City) -----
(State or country)22 Ralph Payne
Informant (Address) 4 Winthrop Shore Drive, Winthrop

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 18, 19 56

AUG 13

88

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

Edward Louis Fox

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

164 Nahant Ave.

(a) Residence, No.

(Usual place of abode)

1 11

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

332

138

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

WWII

(Was deceased a U. S. War Veteran, if specify WAR)

Winthrop, Mass.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

July 24, 1956

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from June 13 56 to July 24 56

I last saw him alive on July 24, 1956, death is said to have occurred on the date stated above, at 7:15A.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Wound dehiscence after

Due To cholecystectomy

(b)

Due To Cholecystitis choletithiasis.

(c)

OTHER SIGNIFICANT CONDITIONS

Obesity

yes

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

J.D. Constable

(Signed)

USNH, Chelsea, Mass. 7/24/56

(Address)

Arlington National Cem., Ft. Myer, Va.

6

Place of Burial or Cremation

DATE OF BURIAL

July 27, 1956

7 NAME OF FUNERAL DIRECTOR

Somerville, Mass.

ADDRESS

Received and filed

AUG 13 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, wife's name Dorothy J. Cruzen

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

48 Years

10 Months

19 Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

U.S. Army

(Kind of work done during most of working life)

14 Industry or Business:

U.S. Army

15 Social Security No.

16 BIRTHPLACE (City)

Johnstown, Pa.

(State or country)

17 NAME OF FATHER

Charles Edward Schmitz

18 BIRTHPLACE OF FATHER (City)

Johnstown, Pa.

(State or country)

19 MAIDEN NAME OF MOTHER

Manna Clyd Wales

20 BIRTHPLACE OF MOTHER (City)

Johnstown, Pa.

(State or country)

21

Informant (Address)

Records-U.S. Naval Hosp. Chelsea, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

July 25, 1956

19

RECEIVED



AUG13 AM

Enlisted Feb.8,1952

Discharged July 24,1956

CWO W2

Army

W2152765

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-25-916145

R-302

1 PLACE OF DEATH

Suffolk
(County)

Revere
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Revere
(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. 139

No. Grover Manor Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Monaghan (Bolwell)
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 307 Bowdoin Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 14 days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 16, 1956, to July 30, 1956
I last saw or alive on July 30, 1956 death is said to have occurred on the date stated above, at 10:55 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE.

(a) Uremia

Due To (b) Basilar artery thrombosis 7 weeks

Due To (c) Diabetes mellitus 6 years

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) James C. Burns, M. D.

(Address) 537 Broadway Date July 31, 1956
Everett

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 3, 1956

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby
ADDRESS 210 Winthrop St., Winthrop

Received and filed. SEP 11 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED Married or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Philip W. Monaghan (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Boston (State or country) Mass.

17 NAME OF FATHER John Bolwell

18 BIRTHPLACE OF FATHER (City) England (State or country)

19 MAIDEN NAME OF MOTHER Mary Grant

20 BIRTHPLACE OF MOTHER (City) Scotland (State or country)

21 Informant Philip W. Monaghan (Address) 307 Bowdoin St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 3, 1956

SEP 11 1901

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

140

COPY OF

CERTIFICATE OF DEATH

Registered No. 7021

No. Mass. General Hospt.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John G Winters

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW #1

(a) Residence. No. 45 1/2 Shore Drive

(Usual place of abode)

St. Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

August 1, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

August 1 1956 to August 1 1956

I last saw him alive on August 1 1956, death is said to

have occurred on the date stated above, at 6 PM m.

INTERVAL
BETWEEN
ONSET AND
DEATH
Hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary congestion
edema

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Portal cirrhosis

Mos.

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C L Clay

(Address) Mass. General Hospt

Date. 1956

6 Place of Burial or Cremation Winthrop Cem-Winthrop Mass.

DATE OF BURIAL August 3/56

7 NAME OF FUNERAL DIRECTOR

E P Caggiano

ADDRESS

Winthrop Mass.

Received and filed SEP 6 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72 Years. Months. Days

If under 24 hours

Hours. Minutes

13 Usual

Occupation:

Truck Driver

(Kind of work done during most of working life)

14 Industry

or Business:

Transportation

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Boston Mass.

17 NAME OF

FATHER

James Winters

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Mary Larlsin

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant

(Address)

James Winters

A TRUE COPY Charles H. Mackie

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

August 6/56

1956

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

SEP--

Entered Service March 25,1917

Discharged April 28,1919

Cook Co. 101st Infantry Service No. unknown

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **141**

Suffolk

(County)

Winthrop

(City or Town)

No. **435 Winthrop**

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME **John Joseph Ford**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, **None**
if so specify WAR)

(a) Residence. No. **435 Winthrop St**
(Usual place of abode)

Length of stay: In place of death **20** years **20** months **20** days. In place of residence **20** years **20** months **20** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 2nd 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 13 - 1954 to **July 26 1956**

I last saw him alive on **July 26 1956** death is said to
have occurred on the date stated above, at **6:30 A.M.**

INTERVAL
BETWEEN
ONSET AND
DEATH
2 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Arteriosclerotic Heart Disease**

Due To **Generalized Arteriosclerosis**
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) **J. J. Caggiano** M. D.

(Address) **624 Bennington St. Boston, Mass.** Date **Aug. 2 1956**

Winthrop Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Aug 4 1956**

7 NAME OF FUNERAL DIRECTOR **Ernest P Caggiano**
147 Winthrop St Winthrop Mass
ADDRESS

Received and filed **AUG 3 1956**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED

10a If married, widowed or divorced
HUSBAND of **Agnes Bodine**
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **72** Years **7** Months **7** Days If under 24 hours
Hours **7** Minutes

13 Usual Occupation: **Retired Towerman**
(Kind of work done during most of working life)

14 Industry or Business: **Railroad**
None

15 Social Security No. **Dublin**

16 BIRTHPLACE (City) **Ireland**
(State or country)

17 NAME OF FATHER **Joseph Ford**

18 BIRTHPLACE OF FATHER (City) **Dublin**
(State or country) **Ireland**

19 MAIDEN NAME OF MOTHER **Unknown**

20 BIRTHPLACE OF MOTHER (City) **Dublin**
(State or country) **Ireland**

21 Informant **Mrs. Agnes Ford**
(Address) **435 Winthrop St Winthrop Mass**

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter J. Caggiano
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) **8/3/56** (Date of Issue of Permit)

R-301A

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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for each
b) and (c)

oes not mean
of dying,
heart failure,
etc. It means
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which caused

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the under-
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eath but not
the terminal
ndition given

Chapter 137,
1954, requires
ns to print or
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of death on
rtificates.

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

358 142

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Girl McIntosh

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

38 Revere

(Usual place of abode)

St.

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Aug. 2, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Aug. 2, 1956 to Aug. 2, 1956

I last saw ~~her~~ on Aug. 2, 1956, death is said to

have occurred on the date stated above, at 10:06A.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Stillborn

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R.K. Brooks

(Address) USNH, Chelsea, Mass. 8/2/56

6

Holy Cross, Malden, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Aug. 3, 1956

7 NAME OF FUNERAL DIRECTOR

Murray Funeral Home

ADDRESS

262 Beach St., Revere, Mass.

Received and filed

SEP 10 1956

(Registrar of City or Town where deceased resided)

INTERVAL BETWEEN ONSET AND DEATH

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

stillborn

12

AGE.....Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Chelsea, Mass.

17 NAME OF FATHER

Gerald S.

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Canada

19 MAIDEN NAME

OF MOTHER

Lillian E. Oakes

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Boston, Mass.

21

Informant. Gerald S. McIntosh

(Address)

38 Revere St., Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Aug. 3, 1956

19

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 143

No. Winthropp Convalescent Home, 112 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Josephine Duggan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 41 Fayette St
(Usual place of abode)

St. Lynn, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. 2 years. ? months. ? days. In place of residence. 91 years. ? months. ? days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 4, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Sept., 1955, to Aug 4, 1956
I last saw her alive on Aug 4, 1956, death is said to have occurred on the date stated above, at 9:30 p. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cardiac Decompensation 2 wks

Due To (b) Arteriosclerosis and Arteriosclerotic Heart Disease 2 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS

None

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass. Date Aug 4, 1956

6 St. Joseph's, Lynn, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 7, 1956

7 NAME OF FUNERAL DIRECTOR Paul A. Donovan
ADDRESS Lynn, Mass.

Received and filed AUG 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED Single or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 2 Months 26 Days If under 24 hours Hours Minutes

13 Usual Occupation: Dressmaker - retired
(Kind of work done during most of working life)

14 Industry or Business: Retail stores

15 Social Security No. None

16 BIRTHPLACE (City) Lynn
(State or country) Mass

17 NAME OF FATHER John Duggan

18 BIRTHPLACE OF FATHER (City) C.N.B.L.
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Hannah Simmons

20 BIRTHPLACE OF MOTHER (City) C.N.B.L.
(State or country) Ireland21 Informant Mae A. Smith
(Address) 41 Fayette St., Lynn, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 8/6/56
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

1

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 141

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Nicol
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 49 Pleasant Park Road St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 years 4 months 8 days. In place of residence 4 years 4 months 8 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 4, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 7/20/56 1956, to 8/4/56 1956

I last saw him alive on 8/4/56 1956, death is said to have occurred on the date stated above, at 6:45 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Colon

INTERVAL
BETWEEN
ONSET AND
DEATH
1 yr.

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS None.

Was autopsy performed? no

What test confirmed diagnosis Clinical.

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass. Date 8/4/56 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 8, 1956

7 NAME OF FUNERAL DIRECTOR John C. Kelly

ADDRESS 286 Meridian St., E.B.

Received and filed AUG 6 1956 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) Married
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Amelia Frances M. George
(Give maiden name of wife in full)

(or) WIFE of —
(Husband's name in full)

11 IF STILLBORN, enter that fact here. —

12 AGE 69 Years — Months — Days If under 24 hours — Hours — Minutes

13 Usual Occupation: Retired Electrician
(Kind of work done during most of working life)

14 Industry or Business: Electrical Contractor

15 Social Security No. 031-09-3131

16 BIRTHPLACE (City) Medford
(State or country) Mass.

17 NAME OF FATHER James Nicol

18 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

19 MAIDEN NAME OF MOTHER Manuilla Colledge

20 BIRTHPLACE OF MOTHER (City) Scotland
(State or country)

21 Informant Mrs. Amelia F. Nicol
(Address) 49 Pleasant Park Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter D. Baker
(Signature of Agent of Board of Health or other) 8/6/56
Health Officer (Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
te n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

1

Middlesex
(County)
Cambridge
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Certificate of Death

Cambridge
(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 114945

No. Holy Ghost Hospital
Charles J. Brown

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)
126 Winthrop St.
Winthrop, Mass.

(a) Residence. No. (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death. 6 years 23 months days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 6, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Jan. 9, 1956 to Aug. 6, 1956
I last saw him alive on Aug. 6, 1956, death is said to have occurred on the date stated above, at 5:50P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Carcinoma of prostate

OTHER SIGNIFICANT CONDITIONS Generalized Arterio-sclerosis

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

George B. Smithy
(Signed) Holy Ghost Hosp Date 8/7, 1956
(Address) Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL August 9, 1956
NAME OF FUNERAL DIRECTOR Ernest Caggiano
ADDRESS 147 Winthrop St., Winthrop
Received and filed SEP 1956
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Margaret L. Leonard
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 1 Months Days If under 24 hours Hours Minutes

13 Usual Occupation Judge
(Kind of work done during most of working life)

14 Industry or Business E. S. District Court

15 Social Security No. E. Boston

16 BIRTHPLACE (City) (State or country) Mass.

17 NAME OF FATHER Charles J. Brown

18 BIRTHPLACE OF FATHER (City) (State or country) Holland

19 MAIDEN NAME OF MOTHER Margaret Glynn

20 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

21 Informant (Address) Mr. Arthur Brown
375 Harvard St., Camb.

A TRUE COPY Frederick H. Burke
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED August 7, 1956

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 90 Terrace Ave.

STANDARD
CERTIFICATE OF DEATH

Registered No. 146

2 FULL NAME Howard T Murray
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence, No. 90 Terrace Ave.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 34 years months days. In place of residence 45 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 7 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from
Aug 4 1956 to Aug 7 1956I last saw him alive on Aug 6 1956, death is said to
have occurred on the date stated above, at 6:30 A. M.INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia
(terminal)Due To (b) Cancer of
lung

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? x-ray5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Joseph H. Byrne, M. D.
(Address) 1956
Date 8-8-566 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 9 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Rymond
ADDRESS Winthrop Mass.

Received and filed AUG 9 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Evalina Knox
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 66 11 21 If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Superintendent
(Kind of work done during most of working life)

14 Industry or Business: Lumber Mill

15 Social Security No. 028-10-2572

16 BIRTHPLACE (City) Cambridge
(State or country) Mass.

17 NAME OF FATHER William C Murray

18 BIRTHPLACE OF FATHER (City) DARTMOUTH
(State or country) NEW SCOTIA19 MAIDEN NAME OF MOTHER Adelaide
Adellaid Welch20 BIRTHPLACE OF MOTHER (City) Cambridge
(State or country) Mass.21 Informant Evalina Murray
(Address) 90 Terrace Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 8/9/56

R-301A

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100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

147

Suffolk

(County)

Winthrop

(City or Town)

140 Highland Ave. Mounts

No. St. { (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

CERTIFICATE OF DEATH

Registered No.

2 FULL NAME Albert Dudley Loehr
(If deceased is a married, widowed or divorced woman, give also maiden name.)

483 Shirley St.

(a) Residence. No. St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH AUGUST 9 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
MAR-24-1955 to AUGUST 9, 1956

I last saw him alive on AUGUST 9, 1956 death is said to

have occurred on the date stated above, at 10:30 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMATOSIS

INTERVAL
BETWEEN
ONSET AND
DEATH

16 mo

Due To (b) CARCINOMA OF
PROSTATE

16 mo

Due To (c)

OTHER SIGNIFICANT CONDITIONS CHRONIC MYOCARDITIS 4 mo

Was autopsy performed? NO
What test confirmed diagnosis? X RAYS-5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify.

(Signed) C. N. Caplan M. D.

19 MERMAID AVE WINTHROP MASS Date 9-10-1956

6 Swampscott Swampscott
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 13 1956

7 NAME OF FUNERAL DIRECTOR Howard's Rymond

ADDRESS WINTHROP MASS.

Received and filed AUG 13 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Divorced
or DIVORCED10a If married, widowed, or divorced
HUSBAND of. Unable to obtain
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 62 9 11 If under 24 hours
AGE. Years. Months. Days Hours. Minutes13 Usual Occupation Store Keeper
(Kind of work done during most of working life)

14 Industry or Business Gen. Electric Co.

15 Social Security No.

16 BIRTHPLACE (City) Revere
(State or country) Mass.

17 NAME OF FATHER Julius E Loehr

18 BIRTHPLACE OF FATHER (City) Somerville
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Anna Orrall

20 BIRTHPLACE OF MOTHER (City) Roslindale
(State or country) Mass.21 Informant Mabelle Harney
(Address) 46 Bartlett Park WayI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

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100M-11-55-916145

R-301A

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
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causing death.

50M-10-52-908091

PLACE OF DEATH

SUFFOLK County
Winthrop
(City or Town)

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Bocchino
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 94 EVERETT St. EAST BOSTON
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 10 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19..... to 19.....I last saw h..... alive on 51 19..... death is said to
have occurred on the date stated above, at..... m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a)

still born

ANTECEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed? no

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed)..... M. D.

(Address)..... Date 10-26-1956

6 Holy Cross MALDEN
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 10 1956

7 NAME OF FUNERAL DIRECTOR Salvatore P. Paya

ADDRESS 314 Washington St. Chelsea

Received and filed AUG 13 1956

19.....

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 148

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. STILL BORN

12 AGE.....Years.....Months.....Days If under 24 hours
Hours Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) Winthrop
(State or country)

17 NAME OF FATHER Domenic Bocchino

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Add.

19 MAIDEN NAME OF MOTHER Yolanda Addivella

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country)21 Informant Domenic Bocchino
(Address) 94 EVERETT ST. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker

(Signature of Agent of Board of Health or other)

Health Officer 8/10/56

(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. **149**



PLACE OF DEATH

SUFFOLK
(County)

WINTHROP
(City or Town)

No. **WINTHROP COMMUNITY HOSPITAL** (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **RAE FRIEDMAN**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR) **No**

(a) Residence. No. **54 SEAFORTH AVE.** St. (If nonresident, give city or town and State)

Length of stay: In place of death **4** years **10** months **4** days. In place of residence **10** years **10** months **4** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **AUG 14 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **7/30/56** to **8/14/56**
I last saw her alive on **7/30**, 19**56**, death is said to have occurred on the date stated above, at **12:30 P.M.**

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **ACUTE CORONARY OCCLUSION**

5 minutes

Due To (b) **ARTERIO-SCLEROTIC HEART DISEASE**

2 YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS **NONE**

Was autopsy performed? **No.**
What test confirmed diagnosis? **CLINICAL**

5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Myron Z. King**, M. D.
(Address) **222 PLEASANT ST. WINTHROP** Date **8/14 1956**

6 **HAND IN HAND** **WEST BOSTON**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **AUG. 15 1956**

7 NAME OF FUNERAL DIRECTOR **Benj. F. Salomon**
ADDRESS **420 HARRARD ST. BROOKLINE**

Received and filed **AUG 15 1956**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **FEMALE** 9 COLOR **WHITE** 10 SINGLE (write the word) **MARRIED**
WIDOWED or DIVORCED **Widowed**

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **ALEXANDER L. FRIEDMAN**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **65** Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: **HOUSE WIFE**
(Kind of work done during most of working life)

14 Industry or Business: **NONE**

15 Social Security No. **NONE**

16 BIRTHPLACE (City) **BOSTON**
(State or country) **MASS.**

17 NAME OF FATHER **HYMAN KAUFMAN**

18 BIRTHPLACE OF FATHER (City) **RUSSIA**
(State or country)

19 MAIDEN NAME OF MOTHER **JEANETTE DANZIGER**

20 BIRTHPLACE OF MOTHER (City) **RUSSIA**
(State or country)

21 Informant **HAROLD BRICK**
(Address) **54 SEAFORTH AVE. WINTHROP**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)

(Official Designation) **Heather Moore** (Date of Issue of Permit) **8/15/56**

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 150

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hospital

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Salvatore Spataforo

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)

(a) Residence. No. 6 Drake Place, East Boston, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death..... years..... months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 18, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 13, 1956, to Aug 18, 1956
I last saw him alive on 8/18/56, death is said to

have occurred on the date stated above, at 11 P.M.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) Coronary

Thrombosis

INTERVAL BE-
TWEEN ONSET
AND DEATH

4 days

ANTE Due To
CEDENT (b) BronchopneumoniaDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) John J. Spataforo

(Address) 402-1000 8/20/56

6 St. Michael Cemetery Boston
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 21

1956

7 NAME OF FUNERAL DIRECTOR Anthony Rapino

ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed AUG 20 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED married
or DIVORCED10a If married, widowed, or divorced Lucy Berllino
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Laborer
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. unknown

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER Bruno Spataforo

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Gaetana DiMarino

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant Lucy Spataforo
(Address) 6 Drake Place, East Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter S. Wadley
(Signature of Agent of Board of Health or other)
Health Officer 8/20/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9. *

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Chelsea
(City or Town making this return)

Suffolk

(County)

Chelsea

(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No.

375 151

No. Soldiers' Home Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

John Joseph Martin

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 63 Brewster Ave.,

St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 months 9 days. In place of residence. 5 years 5 months 5 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 19, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 10, 1956 to Aug. 19, 1956

I last saw him alive on Aug. 19, 1956, death is said to have occurred on the date stated above, at 9:29p. m.

INTERVAL BETWEEN ONSET AND DEATH 3 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Acute renal shut-down following extensive surgery for obstructive peptic ulcer. 3 yrs

(a) Due To
(b) Acute cholecystitis.

?

Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? x-ray, clinical & op.

5 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Ramon Romero
Soldiers' Home Hosp. 8/20/56 M. D.
(Address) Holy Cross, Malden, Mass.

6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL Aug. 22, 1956

7 NAME OF FUNERAL DIRECTOR Frank Carr
ADDRESS Bunker Hill St., Charlestown

Received and filed SEP 10 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed or divorced HUSBAND of Alice A. Donnelly
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 6 Months 12 Days If under 24 hours Hours Minutes

13 Usual Occupation: Boiler Inspector
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 017-16-2394

16 BIRTHPLACE (City) Brooklyn, N.Y.
(State or country)

17 NAME OF FATHER George

18 BIRTHPLACE OF FATHER (City) Philadelphia, Pennsylvania
(State or country)

19 MAIDEN NAME OF MOTHER Alice Newell

20 BIRTHPLACE OF MOTHER (City) Wilmington, Delaware
(State or country)

21 Informant (Address) Soldiers' Home Records Chelsea, Mass.

A TRUE COPY

ATTEST: Joseph A. Tyrrell
(Registrar of City or Town where death occurred)

DATE FILED Aug. 20, 1956

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

Enlisted 1917-11-12
Discharged 1919-3-19
Ensign, U.S. Navy
U.S. Navy
23936

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

152

Registered No.

Suffolk

(County)

Winthrop

(City or Town)

235 Washington Ave.

No.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Irving W Hollander

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 235 Washington Ave.

(Usual place of abode)

St.

40

(If nonresident, give city or town and State)

Length of stay: In place of death. 24 years. months. days. In place of residence. 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 21, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 1954 to August 21, 1956.
I last saw him alive on Aug. 21, 1956, death is said to
have occurred on the date stated above, at 7:00 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease 4 yrs.
Cardiac Decompensation 1 monthDue To
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS Amputation, left leg 1 yr.
for Arteriosclerotic gangreneWas autopsy performed? no
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date 8/21/1956

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 23 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Richards
ADDRESS Winthrop, Mass.

Received and filed AUG 23 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Sadie Ruth Berger
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 11 Months 17 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Accountant (Retired)
(Kind of work done during most of working life)

14 Industry or Business: Insurance

15 Social Security No. 027-28-4216

16 BIRTHPLACE (City) Waterbury
(State or country) Conn.

17 NAME OF FATHER Samuel Hollander

18 BIRTHPLACE OF FATHER (City) New York City
(State or country) New York

19 MAIDEN NAME OF MOTHER Isabell Fletcher

20 BIRTHPLACE OF MOTHER (City) Albany
(State or country) New York21 Informant Sadie Ruth Hollander
(Address) 235 Washington Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer 8/23/56
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

1

R-301A

INSTRUCTIONS
FOR
CERTIFICATE

giving

OF DEATH

not enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which causedns, if any,
ave rise to
cause (a),
the under-
cause last.ions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M-11-55-9151-45

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation ~~write none~~.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

153

Registered No.

STANDARD
CERTIFICATE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 463 Winthrop Street

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Grace E. Corbett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

463 Winthrop St

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence. 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

August 23 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

4/13

1953

to 8/23/

1956

I last saw her alive on 8/23, 1956, death is said to

have occurred on the date stated above, at 6:20 A.m.

INTERVAL
BETWEEN
ONSET AND
DEATH
3 1/4 hr.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

Due To

RHEUMATIC HEART DIS.

(b)

20 YRS.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

Myron H. Krug, M. D.

(Address) 222 PLEASANT ST WINTHROP MA 01906

6

Winthrop

Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

August 25, 1956

7 NAME OF

FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop Mass

Received and filed.

AUG 24 1956

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George Corbett

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 54

AGE.....Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Interviewer

(Kind of work done during most of working life)

14 Industry

or Business:

R. H. White Co

15 Social Security No.

16 BIRTHPLACE (City) Charlestown

(State or country)

Mass

17 NAME OF

FATHER

Daniel Danahy

18 BIRTHPLACE OF

FATHER (City)

Neponset

(State or country)

Mass

19 MAIDEN NAME

OF MOTHER

Catherine O'Connor

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

George Corbett

463 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter D. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

8/24/56

V.R.

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHt enter
han one
for each
b) and (c)es not mean
of dying,
part failure,
c. It means
or compli-
which causeds, if any,
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ause (a),
he under-
use last.ons contrib-
ath but not
the terminal
dition givenChapter 137,
95A, requires
s to print or
cause or
f death on
ificates.

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

DATE FILED 19

2091

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

155

Suffolk

(County)

Winthrop

(City or Town)

No. 35 Palmyra St.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Jane Isabell (Duncan) Goodson
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 35 Palmyra St.
(Usual place of abode)

St. 40 (If nonresident, give city or town and State)

Length of stay: In place of death 30 years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 26, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
October 1952, to August 1956
I last saw her alive on 25 Aug 1956, death is said to

have occurred on the date stated above, at 2:45 A.m.

INTERVAL
BETWEEN
ONSET AND
DEATH
10 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Vascular Thrombosis

Due To (b) Cerebral Arteriosclerosis years

Due To (c) Generalized Arteriosclerosis years

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop, Mass Date 27 Aug 1956

6 Woodlawn Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 29 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass

Received and filed AUG 29 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED WIDOW
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Frederic Goodson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 81 5 27 Days If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business Own home

15 Social Security No. None

16 BIRTHPLACE (City)
(State or country) England

17 NAME OF FATHER William Duncan

18 BIRTHPLACE OF FATHER (City)
(State or country) England

19 MAIDEN NAME OF MOTHER Mary A. WHYTE

20 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland21 Informant. Clementine Duncan
(Address) 35 Palmyra St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100M-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 156

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME Anna Helen (Jacobson) Saben
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

 (Was deceased a
 U. S. War Veteran, No
 if so specify WAR)

 (a) Residence. No. 203 Main Street Winthrop St.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 13 years months days.

 INSTRUCTIONS
 FOR
 L CERTIFICATE

 a giving
 OF DEATH

 not enter
 e than one
 e for each
 (b) and (c)

 s does not mean
 de of dying,
 s heart failure,
 e, etc. It means
 ase, or compli-
 which caused

 tions, if any,
 gave rise to
 cause (a),
 g the under-
 cause last.

 ditions contrib-
 o death but not
 to the terminal
 condition given

 :- Chapter 137,
 f 1954, requires
 ans to print or
 the cause or
 of death on
 certificates.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH AUG 26 1956
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 JAN 50 to AUG 26 1956

 I last saw her alive on AUG 15 1956, death is said to
 have occurred on the date stated above, at 9:30 A. m.

 INTERVAL
 BETWEEN
 ONSET AND
 DEATH
 1 YR.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSIS

 Due To CARCINOMA OF PANCREAS 2 YRS.
 (h)

 Due To
 (c)

OTHER SIGNIFICANT CONDITIONS ARTERIOSCLEROSIS 5 YRS.

 Was autopsy performed? No.
 What test confirmed diagnosis? OPERATION 1 YR. AGO.

 5 Was disease or injury in any way related to occupation of deceased? No.
 If so, specify

(Signed) Myron N. King M. D.

(Address) 222 PLEASANT ST. WINTHROP Date 5/16 1956

 6 Winthrop Cemetery Winthrop
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 28 1956 19

 7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
 ADDRESS 174 Winthrop St. Winthrop

Received and filed AUG 27 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX female 9 COLOR white 10 SINGLE (write the word)
 MARRIED
 WIDOWED married
 or DIVORCED

 10a If married, widowed, or divorced
 HUSBAND of (Give maiden name of wife in full)

 (or) WIFE of Charles C. Saben
 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 84 Years 1 Months 17 Days If under 24 hours
 Hours Minutes

13 Usual Occupation: At Home (Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. 033-26-1312-B

 16 BIRTHPLACE (City) Gothenburg Sweden
 (State or country)

17 NAME OF FATHER August Jacobson

 18 BIRTHPLACE OF FATHER (City) Sweden
 (State or country)

19 MAIDEN NAME OF MOTHER Christina Olson

 20 BIRTHPLACE OF MOTHER (City) Sweden
 (State or country)

 21 Informant Edith H. Coffman
 (Address) 203 Main St. Winthrop Mass.

 I HEREBY CERTIFY that a satisfactory standard certificate of death
 was filed with me BEFORE the burial or transport permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No. 157

No. 192 Bartlett Rd.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ralph Hubert Baker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 192 Bartlett Rd.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 42 years.....months.....days. In place of residence 50 years.....months.....days.

DUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
e for each
(b) and (c)does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which causedions, if any,
gave rise to
cause (a),
the under-
cause last.ditions contrib-
death but not
to the terminal
condition givenChapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 27 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

4/15, 1947, to 12/17/56, 19

I last saw h. alive on 12/17/56, 1956, death is said to

have occurred on the date stated above, at 13:15 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Arteriosclerosis

INTERVAL
BETWEEN
ONSET AND
DEATH

Sudden

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Biopsy, necropsy

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edward J. Cronin, M. D.

(Address) Winthrop, Date Aug 28 1956

6 Woodlawn Crematory Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 30 1956

7 NAME OF FUNERAL DIRECTOR Edward J. Cronin

ADDRESS Winthrop, Mass

Received and filed AUG 29 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed or divorced HUSBAND of Elizabeth Collins (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 73 8 19 AGE Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Furniture Dealer (Kind of work done during most of working life)

14 Industry or Business Retail

15 Social Security No. 022-07-9671

16 BIRTHPLACE (City) West Dennis (State or country) Mass.

17 NAME OF FATHER Browning K Baker

18 BIRTHPLACE OF FATHER (City) West Dennis (State or country) Mass

19 MAIDEN NAME OF MOTHER Abbie T Baxter

20 BIRTHPLACE OF MOTHER (City) West Dennis (State or country) Mass.

21 Informant Elizabeth Baker (Address) 192 Bartlett Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter B. Baker (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/29/56

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Mayflower Rest Home

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

158

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **Letizia Arnone**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) **no**(a) Residence. No. **57 Marion Street, East Boston, Mass.** St. _____
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death _____ years **3** months _____ days. In place of residence _____ years _____ months _____ days.INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
gave rise to
cause (a),
the under-
cause last.itions contrib-
death but not
o the terminal
condition givenChapter 137,
1954, requires
ans to print or
he cause or
of death on
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Aug 31 1956**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 1954 to **Aug 31 1956**
I last saw her alive on **Aug 31, 1956** death is said to
have occurred on the date stated above, at **6:05 P.M.**INTERVAL
BETWEEN
ONSET AND
DEATH

4 mos.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Cerebral HAE MOKHAGE**Due To **Cerebral Arteriosclerosis**
(h)Due To _____
(c)OTHER
SIGNIFICANT
CONDITIONS **D**Was autopsy performed? **Y**
What test confirmed diagnosis? **21. m. c. d.**5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____(Signed) **Charles F. Ferrer**, M. D.(Address) **125 Huntington St. Boston** Date **Aug 31, 1956**6 **St. Michael Cemetery, Boston**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **September 3, 1956**7 NAME OF FUNERAL DIRECTOR **Vincent Rapino**
ADDRESS **9 Chelsea St., East Boston, Mass.**Received and filed **SEP 3 1956** 19 _____

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **female** 9 COLOR **white** 10 SINGLE (write the word)
MARRIED **married**
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of _____
(Give maiden name of wife in full)
(or) WIFE of **Joseph Arnone**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **71** AGE _____ Years _____ Months _____ Days _____
If under 24 hours
Hours _____ Minutes _____13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)14 Industry or Business: **At home**15 Social Security No. **none**16 BIRTHPLACE (City) **Italy**
(State or country)17 NAME OF FATHER **Joseph Rispoli**18 BIRTHPLACE OF FATHER (City) _____
(State or country) **Italy**19 MAIDEN NAME OF MOTHER **Raffaella Cidica**20 BIRTHPLACE OF MOTHER (City) _____
(State or country) **Italy**21 Informant **Joseph Arnone**
(Address) **57 Marion Street, East Boston, Mass.**I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-35-916145

1

PLACE OF DEATH

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. **5172 159**No. **Veterans Administration Hospt** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **Michael J. Shoochan**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran, **WWI**
if so specify WAR)(a) Residence. No. **45 1/2 Shore Drive** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 29 1956**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 21 1956 to **May 29 1956**I last saw him alive on _____, 19____, death is said to
have occurred on the date stated above, at **1:15P** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Acute myocardial
infarction**(b) **Arteriosclerotic
heart disease**

(c) _____

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**5 Was disease or injury in any way related to occupation of deceased?
If so, specify. _____(Signed) **L. J. Marks**, M. D.(Address) **VAH, Boston** Date **5-29 1956**6 **Winthrop Cem.** **Winthrop**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **June 1 1956**7 NAME OF FUNERAL DIRECTOR **E. P. Caggiano & Son**ADDRESS **Winthrop, Mass.**Received and filed **SEPT 21 1956** 19____

(Registrar of City or Town where deceased r _____)

INTERVAL
BETWEEN
ONSET AND
DEATH**days****yrs**

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word)
MARRIED
WIDOWED **Widowed**
or **DIVORCED**10a If married, widowed, or divorced
HUSBAND of **Christino F. Winters**
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **58** Years **9** Months **21** Days If under 24 hours
AGE _____ Hours _____ Minutes13 Usual Occupation: **Janitor Retired**
(Kind of work done during most of working life)14 Industry
or Business: _____15 Social Security No. **---**
16 BIRTHPLACE (City) **Taunton**
(State or country) **Mass**17 NAME OF FATHER **Daniel Sheehan**18 BIRTHPLACE OF FATHER (City) **Bangor**
(State or country) **Me**19 MAIDEN NAME OF MOTHER **Bridget McGowan**20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)21 **VA Hospital Records**
Informant (Address)A TRUE COPY **Charles H. Mackie**
ATTEST: (Registrar of City or Town where death occurred)DATE FILED **June 4 1956**

V.R.V.

1-14-18

9-26-19

Pfc.

US Army

1677347

CERTIFICATE OF DEATH

STATE FILE NO. 1554
1864 41-287

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH a. COUNTY Somerset			2. USUAL RESIDENCE Where deceased lived (If institution residence before admission) a. STATE Mass. b. COUNTY		
	b. CITY, TOWN, OR LOCATION Skowhegan		c. LENGTH OF STAY IN 1b 2 months		c. CITY, TOWN, OR LOCATION Winthrop Mass.	
	d. NAME OF HOSPITAL OR INSTITUTION (If not hospital, give street address) Fairview Hospital			d. STREET ADDRESS (If rural, give location) 989 Shirley St.		
	e. IS PLACE OF DEATH IN RURAL AREA? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			e. IS RESIDENCE IN RURAL AREA? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DECEDENT PERSONAL DATA	3a. NAME OF DECEASED—First Name Jeremiah		3b. Middle Name W		3c. Last Name Sullivan	
	5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married Widowed Divorced		8. DATE OF BIRTH 1879 April 6 77	
	10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Police Chief		11. BIRTHPLACE (State or foreign country) Ireland	
	13. FATHER'S NAME Eugene Sullivan		14. MOTHER'S MAIDEN NAME Mary McCarthy		15. NAME OF SPOUSE (If Married) Elizabeth Egan	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uns.) (If yes, give war or dates of service)		17. SOC. SECURITY NO.		18. INFORMANT Hospital records Skowhegan, Me	
CAUSE OF DEATH	19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Head of Pancreas 37 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 4 Mo.
	PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not related to the terminal disease condition given in Part I Bile Nephrosis 10 days					20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DEATH DUE TO EXTERNAL VIOLENCE	21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21b. DESCRIBE HOW INJURY OCCURRED. Extent of injury in Part II of item 19) _____			
	21c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____					
	21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (e.g., in home, factory, street, office, etc.) _____		21f. CITY, TOWN, OR LOCATION. COUNTY STATE	
PHYSICIAN'S OR MEDICAL EXAMINER'S CERTIFICATION	22a. MEDICAL EXAMINER hereby certify that death occurred at the time and place as stated above, and that I held an anatomic and clinical certificate of the State of Maine as required by law.				22b. PHYSICIAN: I hereby certify that I attended the deceased from Feb. 6 June and last saw him alive on 6 June at 4:30 A.M. the date and time the cause stated above.	
	23a. SIGNATURE Richard P. Laney, M.D.		23b. ADDRESS Skowhegan, Maine		23c. DATE SIGNED 6 June 1956	
FUNERAL DIRECTOR AND REGISTRAR	24a. BURIAL, CREMATORY, or other final disposition Burial		24b. DATE 6/9/56		24c. NAME OF CEMETERY OR CREMATORY Winthrop	
	25. FUNERAL DIRECTOR ADDRESS Harold M. Lord Skowhegan, Me		26. DATE RECD. BY LOCAL HEALTH DEPT. 6/7/56		27. REGISTRAR'S SIGNATURE Harold M. Lord	

RECEIVED



SEP 24 1963

Whitney

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

561461

No. Veteran's Adm. Hospt. Boston

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Douglas C Fagan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW #11

(a) Residence. No. 311 Revere St.
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years. 15 months. 15 days. In place of residence. 8 years. 15 months. 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 11/56
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 11 56, 1956, to June 11 56, 1956.

I last saw him alive on June 11 1956, death is said to have occurred on the date stated above, at 12:45 PM.

INTERVAL
BETWEEN
ONSET AND
DEATH

3 Hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Infarction of myocardium
due to arterio sclerotic coronary
thrombosisDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

J W Sawyer

(Signed) VAN Boston M. D. 6-11 1956

(Address) Winthrop Cem-Winthrop Mass.

6 Place of Burial or Cremation June 16/56 (City or Town)

DATE OF BURIAL June 16/56

7 NAME OF FUNERAL DIRECTOR A J O'Maley
ADDRESS Winthrop Mass.

Received and filed OCT 3 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced Grace McDermott
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 37 Years 11 Months 3 Days If under 24 hours Hours Minutes

13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Shipping

15 Social Security No. 010-09-5322

16 BIRTHPLACE (City) Boston Mass.
(State or country)

17 NAME OF FATHER Douglas Fagan

18 BIRTHPLACE OF FATHER (City) Boston Mass.
(State or country)

19 MAIDEN NAME OF MOTHER Latitia Callagher

20 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)

21 Informant (Address) Hospt Records Boston

A TRUE COPY Charles H. MacKie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED June 15/56

Received - 6/15/56



Entered Service Jan. 18, 1942 Discharged Dec. 15, 1945

Aviation Ordnance 2/C U S Navy

Service No. 606 13 90

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 162

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)



No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Emily Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 7 Washington Avenue St. Lake Forest, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 1 months 2 days. In place of residence. 1 months 18 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 2, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July, 1956, to Sept 2, 1956

I last saw her alive on Sept 2, 1956 death is said to

have occurred on the date stated above, at 11:45 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

5 wks

Due To (b) Cerebral Arteriosclerosis

8 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Lymphatic leukemia

10 yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

(Signed) Charles Leberman, M. D.

(Address) Winthrop, Mass Date 9/2/56

6 Woodlawn Cemetery Everett, Mass
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL September 5, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed SEP 4 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 7 Months 2 Days If under 24 hours Hours Minutes

13 Usual Occupation retired Welfare Supervisor (Kind of work done during most of working life)

14 Industry or Business Bell Telephone Co.

15 Social Security No. none

16 BIRTHPLACE (City) London (State or country) England

17 NAME OF FATHER James Brooks Smith

18 BIRTHPLACE OF FATHER (City) London (State or country) England

19 MAIDEN NAME OF MOTHER Jane Middleton Hunt

20 BIRTHPLACE OF MOTHER (City) London (State or country) England

21 Informant Mrs. Herbert L. Budreau (Address) 7 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H. O. Baker Sept. 4/56

(Official Designation) (Date of Issue of Permit)

X

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

SE The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
have rise to
cause (a),
the under-
cause last.tions contrib-
death but not
the terminal
condition givenChapter 137,
1954, requires
ans to print or
ne cause or
of death on
certificates.

y. D.

PLACE OF DEATH

1

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 5 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on 9/5, 1956, death is said to

have occurred on the date stated above, at 5-15 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

Due To (b) HYPERTENSION

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? 0

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Terrance B. Pearson, M. D.

(Address) 670 Saratoga St. Date 9/5 1956

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 8 1956

7 NAME OF FUNERAL DIRECTOR Les M. Darton

ADDRESS 287 Main St Malden

Received and filed SEP 6 1956 19.....

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 163

No. 100-8-36
St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE MARRIED (write the word)
WIDOWED or DIVORCED Widowed10a If married, widowed or divorced
HUSBAND of Gertrude Pearson
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Funeral Director
(Kind of work done during most of working life)

14 Industry or Business: Funeral

15 Social Security No. 010-30-9460

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Terrance B. Pearson

18 BIRTHPLACE OF FATHER (City) Neponset
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Honora Sullivan

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.21 Informant (Address) Laurence Pearson
Emerson Ave RandolphI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Sept. 6, 1956

100M-11-55-9-16145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ms, if any,
ave rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M-11-35-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

Baby Girl Abdon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

230 Maverick St.

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept.

8

1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 8,

1956,

to Sept. 8,

1956

I last saw her alive on Sept. 8, 1956, death is said to

have occurred on the date stated above, at 7:48 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 hour.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Prematurity

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

No

What test confirmed diagnosis? Clinical + Laboratory

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

M. Traubstein, Jr.

M. D.

(Address)

562 Shirley St. Winthrop

date

Sept. 8,

1956

6 Holy Cross

Place of Burial or Cremation

Malden

(City or Town)

DATE OF BURIAL

Sept 10

1956

7 NAME OF

FUNERAL DIRECTOR

Frederick J Magrath

ADDRESS

East Boston

Received and filed

SEP 11 1956

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

161

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran,

if so specify WAR)

no

(a) Residence. No.

230 Maverick St.

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

female

white

MARRIED

WIDOWED

or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE Years Months Days

If under 24 hours

1 Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop

Mass

17 NAME OF
FATHER

Jack L. Abdon

18 BIRTHPLACE OF

FATHER (City)

Cincinnati

(State or country)

Ohio

19 MAIDEN NAME

OF MOTHER

Isabelle LaRaia

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass

21

Informant

(Address)

Frances LaRaia

230 Maverick St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

165

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Boy Abdon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

(a) Residence. No. 230 Maverick St

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 8, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 8, 1956 to Sept. 8, 1956

I last saw him alive on Sept. 8, 1956 death is said to

have occurred on the date stated above, at 10:20 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity

K Hospital - 3 hrs. 25 min. 2 1/2 hrs

INTERVAL
BETWEEN
ONSET AND
DEATHDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No.
What test confirmed diagnosis? Clinical + Laboratory5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) M. D.

(Address) 562 Shirley St. Winthrop Date Sept. 8, 1956

6 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 10 1956

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed. SEP 11 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days 15 under 36 hours
2 Hours 30 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. Winthrop

16 BIRTHPLACE (City) Mass
(State or country)

17 NAME OF FATHER Jack L. Abdon

18 BIRTHPLACE OF FATHER (City) Cincinnati
(State or country) Ohio

19 MAIDEN NAME OF MOTHER Isabelle LaRaia

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.21 Frances LaRaia
Informant (Address) 230 Maverick St. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

CTIONS
OR
CERTIFICATE

giving

OF DEATH

t enter
than one
for each
) and (c)es not mean
of dying,
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f death on
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100M-11-35-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATEgiving
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han one
for each
b) and (c)es not mean
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100M-11-25-55 616145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 57 Ocean View

2 FULL NAME. Francesco Bognanni

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 57 Ocean View

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years 7 months 7 days. In place of residence 7 years 7 months 7 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 9 8 56
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

9/5/56, 1956, to 9/8/56, 1956
I last saw him alive on 9/8/56, 1956, death is said tohave occurred on the date stated above, at 2:30 PM m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral thrombosis
2nd chronic myocarditis

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) John Verde, M. D.(Address) 482 Main St. Medford 9/10/566 Holy Cross Cemetery, Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 12, 19567 NAME OF FUNERAL DIRECTOR Mrs. Rose ScaramellaADDRESS 39 Orleans St., East BostonReceived and filed SEP 11 1956 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.Registered No. 166{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED marrie d
or DIVORCED10a If married, widowed or divorced
HUSBAND of Rose Loggia Bognanni
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 70 Months 70 Days
If under 24 hours
Hours 70 Minutes13 Usual Occupation: Self employed
(Kind of work done during most of working life)14 Industry or Business: Vegetable Store15 Social Security No. none16 BIRTHPLACE (City) Sicily
(State or country) Italy17 NAME OF FATHER Angelo Bognanni18 BIRTHPLACE OF FATHER (City) Sicily
(State or country) Italy19 MAIDEN NAME OF MOTHER Crocificcia DeLaimi20 BIRTHPLACE OF MOTHER (City) Sicily
(State or country) Italy21 Informant Angelo Bognanni
(Address) 57 Ocean View St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:H.O. Baker
(Signature of Agent of Board of Health or other)
H.O. Sept 13, 1956
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

167

STANDARD CERTIFICATE OF DEATH

Registered No.

Suffolk

(County)

Winthrop

(City or Town)

No.

104 Highland Ave.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Mary J (Wilson) Feeney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

218 Court Rd.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 3 months days. In place of residence 4 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 8, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19... to 19...

I last saw h. alive on 19... death is said to
have occurred on the date stated above, at 6:20 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Vascular
Thrombosis

INTERVAL
BETWEEN
ONSET AND
DEATH

hours

Due To
(h) ...

Due To
(c) ...

OTHER
SIGNIFICANT
CONDITIONS

Generalized
Arteriosclerosis

years

Was autopsy performed? no clinical
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop Board of Health Date 8 Sept 1956

6 Holbrook Holyhood Brookline
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 11 1956

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds

ADDRESS Winthrop Mass

Received and filed SEP 11 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED Widow

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)
(or) WIFE of Joseph H Feeney
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 9 Months 18 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No.
16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER John Wilson

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

21 Edward C Feeney
Informant (Address) 218 Court Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

R-301A

CTIONS
OR
CERTIFICATE

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OF DEATH

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100M-11-55-916145

THIS

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

5th Hill
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *168*

No. *15 Farm Bar Avenue* St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME *Eugene T. Cate*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *15 Farm Bar Avenue Winthrop.* St. {
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *30* years.....months.....days. In place of residence *40* years.....months.....days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, *yes*
if so specify WAR) *Spanish*

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Sept - 13 - 1956*
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Fracture Dislocation of Cervical Vertebra

5 Accident, suicide, or homicide (specify) *Presumably accidental*
Date and hour of injury *Sept - 13 - 1956*
Where did injury occur? *Winthrop*
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place?
Manner of injury *Found dead on stairs at his home*
(Specify type of place)
Nature of injury *Sept - 14 - 1956*
(How did injury occur?)
While at work? *yes* Was autopsy performed? *yes*

6 Was disease or injury in any way related to occupation of deceased?
If so, specify *none*
(Signed) *Wm. J. Brickley M.D.*
(Address) *Boston Sept 14 - 1956*

7 *Woodlawn Cemetery Everett*
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL *Sept 18* 19*56*

8 NAME OF FUNERAL DIRECTOR *Victor H. Reynolds*
ADDRESS *180 Winthrop St Winthrop*

Received and filed. *SEP 18 1956* 19*56*

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word)
MARRIED WIDOWED *widowed* or DIVORCED

11a If married, widowed, or divorced
HUSBAND of *Ann Balle*
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *72* Years *6* Months *6* Days If under 24 hours
Hours.....Minutes

14 Usual Occupation: *Tram Manager*
(Kind of work done during most of working life)

15 Industry or Business: *Railroad*

16 Social Security No. *714-12-3934*

17 BIRTHPLACE (City) *Farmington*
(State or country) *N.H.*

18 NAME OF FATHER *Cate*

19 BIRTHPLACE OF FATHER (City) *Farmington*
(State or country) *N.H.*

20 MAIDEN NAME OF MOTHER *Julia T. Tibbels*

21 BIRTHPLACE OF MOTHER (City) *Farmington*
(State or country) *N.H.*

22 Informant *Thomas Cate*
(Address) *15 Farm Bar Avenue Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
H.B. Baker (Official Designation) *9/17/56* (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING *Saman 3d*

ORGANIZATION AND OUTFIT *Navy*

SERVICE NUMBER.....

11/31/1970
3/12/04

R-301A

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100M-11-55-915145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. ROSE GREIF

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 220 New Lots Ave.

(Usual place of abode)

St. Brooklyn, N.Y.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 32 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT 14 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from 9/8 1956 to 9/14 1956

I last saw her alive on 9/13 1956, death is said to

have occurred on the date stated above, at 4:04 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRIL THROMBOSIS

INTERVAL
BETWEEN
ONSET AND
DEATH

6 DAYS

Due To (b) HYPERTENSIVE HEART DIS

3 YRS

Due To (c)

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS - MILD

6 DAYS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 100 WASHINGTON ST Date 9/14 1956

6 Beth David-Elmont, L.I., New York

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 16, 1956

7 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St., Dorchester

Received and filed SEP 14 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 169

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, No
if so specify WAR)CTIONS
OR
CERTIFICATE

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Dr. Samuel Greif
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. none

16 BIRTHPLACE (City) New York City
(State or country)

17 NAME OF FATHER Elias Scalettar

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Rebecca Prager

20 BIRTHPLACE OF MOTHER (City) Russia
(State or country)21 Informant Herbert Greif
(Address) 151 Cottage Pk., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 170

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME George Arthur Blair

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 226 Court Road

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 1 days. In place of residence 50 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 17 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
April 4 1949, to September 17, 1956I last saw him alive on September 17, 1956, death is said to
have occurred on the date stated above, at 2:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of the primary bladder

Due To
(h)Due To
(c)INTERVAL
BETWEEN
ONSET AND
DEATH

OTHER SIGNIFICANT CONDITIONS Mitral Regurgitation several years

Was autopsy performed? NO Pathological Exam.

What test confirmed diagnosis? NO

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify(Signed) John F. Collins M.D., M. D.
Revere, Mass. Sept. 18, 1956
(Address) Date6 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 19, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed SEP 18 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed or divorced
HUSBAND of Edith Gray Poor
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 years 11 Months 11 Days If under 24 hours
Hours Minutes13 Usual Occupation Contractor Bldg. & Moving etc.
(Kind of work done during most of working life)

14 Industry or Business self employed

15 Social Security No. 021--09-1381

16 BIRTHPLACE (City) Tatamagouche
(State or country) Nova Scotia

17 NAME OF FATHER Isaac Blair

18 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Jennie Carruthers

20 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia21 Informant Mrs. George A. Blair
(Address) 226 Court Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H.D. at (Official Designation)

9/18/56 (Date of Issue of Permit)

R-301A

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100-11-55-916145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

SEP 18

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s to print or
cause or
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ificates.

100-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATHRegistered No. **171**

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. **27 Centre Street**St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME **Minnie Robinson Haughton**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) **NO.**(a) Residence. No. **27 Centre St** St. **Minnie Robinson Haughton**
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death. **35** years. **3** months. **5** days. In place of residence **35** years. **3** months. **5** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **September 19, 1956**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____I last saw h_____ alive on _____, 19____, death is said to
have occurred on the date stated above, at **9:15 P. m.**INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Natural Causes**Due To **Presumably coronary Occlusion** hours
(b)Due To **Arteriosclerotic Heart Disease** years
(c)OTHER SIGNIFICANT CONDITIONS **Old fracture left hip 1yr**Was autopsy performed? **no**
What test confirmed diagnosis? **Clinical**5 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____(Signed) **Arthur C. Murray** M. D.(Address) **Winthrop Board of Health** Date **20 Sept 1956**6 Place of Burial or Cremation **Fern Hill Cemetery St. John, N.B.**DATE OF BURIAL **September 23, 1956**7 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**ADDRESS **174 Winthrop St. Winthrop, Mass.**Received and filed **SEP 12 1956**

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **female** 9 COLOR **white** 10 SINGLE (write the word)
MARRIED **widowed**
WIDOWED **or DIVORCED**

10a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of **Rev. Ralph J. Haughton**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **24** If under 24 hours
AGE **90** Years **9** Months **7** Days
Hours _____ Minutes _____13 Usual Occupation: **housework**
(Kind of work done during most of working life)14 Industry or Business: **own home**15 Social Security No. **none** St. **John**16 BIRTHPLACE (City) **New Brunswick**
(State or country)17 NAME OF FATHER **Steeves**18 BIRTHPLACE OF FATHER (City) **England**
(State or country)19 MAIDEN NAME OF MOTHER **Mary McMann**20 BIRTHPLACE OF MOTHER (City) **St. John**
(State or country) **New Brunswick**Informant (Address) **Winnifred M. Haughton**
27 Centre St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:**Walter G. Baker**
H.O. and Sept 21/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

Middlesex

(County)

Malden

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Malden

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

172

No.

Glenwood Nursing Home 209 Summer

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Mary Simons (Smokler)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

12 Nevada

Winthrop

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years 6 months - days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Sept. 19, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

April 55 Sept. 19, 56

I last saw h. alive on Sept. 19, 56 death is said to

2:20 p.m.

have occurred on the date stated above, at

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Uremia

Due To

(b)

Chr. Pyelocystitis
Status Post Operation

3 yrs.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Ventral Hernia

No

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Karl Rothschild

(Address) 37 Main St.
Malden, Mass.

Date 9/19, 56

Tifereth Israel

Everett

6

Place of Burial or Cremation

Sept. 21,

(City or Town)

DATE OF BURIAL

19

7 NAME OF
FUNERAL DIRECTOR

Benjamin Birnbach

10 Washington St., Dorchester

ADDRESS

Received and filed

OCT 10 1956

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

Samuel Simons

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

82

Years

-

Months

-

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housework

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Poland

17 NAME OF

FATHER

Solomon Smokler

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Poland

19 MAIDEN NAME

OF MOTHER

Zelda (Unable to Obtain)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Poland

Sally Shuman

Informant

(Address)

681 Boulevard, Revere

TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Sept. 27,

19

56

RECEIVED



OCT 10 1964

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHt enter
than one
for each
) and (c)es not mean
of dying,
art failure,
c. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
he under-
use last.ons contrib-
ath but not
the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates.

100M-11-35-916148

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME. Female Teixeira
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 10 Fremont St.
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 19, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 19, 1956, to Sept 19, 1956.

I last saw h.....alive on....., 19....., death is said to

have occurred on the date stated above, at 4:55A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) still born

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) A. Paul D. Haydon, M. D.

(Address) 29 CARY AVE. CHelsea Date Sept 19, 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 19, 1956

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 117 Winthrop St. Winthrop Mass

Received and filed SEP 19 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

173

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number){ PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....

(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)14 Industry
or Business:.....

15 Social Security No.

16 BIRTHPLACE (City).....
(State or country)

17 NAME OF FATHER Thomas Teixeira

18 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

19 MAIDEN NAME OF MOTHER Anna Contola

20 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass21 Informant Thomas Teixeira
(Address) 10 Fremont St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transfer permit was issued:(Signature of Agent of Board of Health or other)
H. O. Walter G. Baker
(Official Designation) (Date of Issue of Permit) Sept 19/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No. 55 Winthrop St.

2 FULL NAME Alfred Tomeo.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 55 Winthrop St Winthrop
(Usual place of abode)

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a U. S. War Veteran, if so specify WAR.) No

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years months days. In place of residence 7 years months days.

Registered No.

174

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept 19 - 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

My pertinent heart disease
Coronary artery Disease

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did injury occur?
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

Manner of injury Found dead in his own
(Specify type of place)Nature of injury Fed
(How did injury occur?)

While at work? Was autopsy performed?

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Brickley M.D.
(Address) Boston Sept 19 - 19567 Holy Cross Malden
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Sept 22 19

8 NAME OF FUNERAL DIRECTOR Ernest P Caggiano

ADDRESS 187 Winthrop St Winthrop Mass

Received and filed SEP 19 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

11a If married, widowed, or divorced HUSBAND of Mary De Marco
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 60 Years 1 Months 3 Days If under 24 hours Hours Minutes

14 Usual Occupation Meat Cutter
(Kind of work done during most of working life)

15 Industry or Business Meat

16 Social Security No. 023-01-2370

17 BIRTHPLACE (City) Italy
(State or country)

18 NAME OF FATHER Frank Tomeo

19 BIRTHPLACE OF FATHER (City) Italy
(State or country)

20 MAIDEN NAME OF MOTHER Unknown

21 BIRTHPLACE OF MOTHER (City) Italy
(State or country)22 Informant Mrs. Mary Tomeo
(Address) 55 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)
H. S. Baker Sept 19 1956
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

175

STANDARD
CERTIFICATE OF DEATH

Registered No. _____

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis J. Whelan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, if so specify WAR) W.W. I(a) Residence. No. 62 Quincy ave.
(Usual place of abode)St. Winthrop
(If nonresident, give city or town and State)

Length of stay: In place of death. _____ years _____ months _____ days. In place of residence. _____ years _____ months _____ days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 21, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 1950 to Sept. 21, 1956
I last saw him alive on Sept. 21, 1956 death is said to
have occurred on the date stated above, at 8:40 A.M.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage 24 hrs

Due To (b) Hypertension.
6 yrs.

Due To (c) _____

OTHER SIGNIFICANT CONDITIONS None.

Was autopsy performed? No
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Charles L. Liberman M. D.

(Address) Winthrop, Mass. Date 9/21/1956

6 Holy Cross malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 24, 1956

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St. E. Boston

Received and filed SEP 12 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX m 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Sarah L. Cullivane
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 9 Months 17 Days
If under 24 hours
Hours _____ Minutes _____13 Usual Occupation: Buyer
(Kind of work done during most of working life)

14 Industry or Business: Wholesale Wool

15 Social Security No. 012-05-0765

16 BIRTHPLACE (City) - Charlestown, Mass.
(State or country)

17 NAME OF FATHER James F. Whelan

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Annie McEntyre

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.
(State or country)21 Informant (Address) Sarah L. Whelan
62 Quincy ave. Winthrop Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H.C. (Official Designation)

9/21/56 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
te n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Sept. 27, 1917
Jan. 28, 1919
1st Lt. 74th Infantry
U.S. Army
16744050

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100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 176

Suffolk

(County)

Winthrop

(City or Town)

No. 369 Winthrop Street

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Preston Banks Churchill

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 369 Winthrop Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence. 67 years... months... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 22 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 26, 1954, to Sept. 22, 1956

I last saw him on Sept. 22, 1956, death is said to

have occurred on the date stated above, at 3 A. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
23 hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion
Angina Pectoris

Due To (b) Arteriosclerosis

About
4 yrs.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) S. W. Wilkinson, M. D.

(Address) 89 Somerset Ave. Date Sept. 22, 1956

6 Family Cemetery N. Parsonsfield, Maine

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL September 22 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed SEP 25 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED married

WIDOWED

or DIVORCED

male white

10a If married, widowed, or divorced

HUSBAND of Edythe Emma Blaisdell

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 5 Months 1 Days

If under 24 hours
Hours Minutes

13 Usual Occupation: Banker

(Kind of work done during most of working life)

14 Industry or Business: Winthrop Savings Bank

15 Social Security No. 025-09-6233

16 BIRTHPLACE (City) Freedom

(State or country)

New Hampshire

17 NAME OF FATHER

John C. Churchill

18 BIRTHPLACE OF FATHER (City)

North Parsonsfield

(State or country)

Maine

19 MAIDEN NAME OF MOTHER

Annie Burk

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Pennsylvania

21 Informant Mrs. Preston B. Churchill

(Address)

369 Winthrop St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 9/25/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 127

Suffolk
(County)Winthrop
(City or Town)

No. 41 Washington Avenue, Winthrop

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Mary B. Warnock
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No. 62 Pleasant Street, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 22 days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT. 22 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
9/1 1956 to 9/22 1956

I last saw her alive on 9/21 1956 death is said to

have occurred on the date stated above, at 7 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a) GENERAL CARCINOMA
TOSIS 6 MO.ANTECEDENT (b) ADENO-CARCINOMA
CAUSES OF THE SIGMOID 1 YR.Due To
(c)OTHER SIGNIFICANT
CONDITIONS HYPERTENSION 3 YRS.

Major findings: AS ABOVE

Date of operation: 2/27/56 Was autopsy performed? No.

What test confirmed diagnosis? PATHOLOGICAL SPECIMEN

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify.

(Signed)

(Address) 222 PLEASANT ST. Date 9/22 1956

6 Mt. Auburn Cemetery, Cambridge

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 25th 1956

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed SEP 24 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
MARRIED WIDOWED Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 7 Months 7 Days If under 24 hours
Hours Minutes13 Usual Occupation: Saleslady
(Kind of work done during most of working life)

14 Industry or Business: Dry Goods

15 Social Security No. 022-20-6074A

16 BIRTHPLACE (City) Cambridge Mass.
(State or country)

17 NAME OF FATHER William Warnock

18 BIRTHPLACE OF FATHER (City) CBL
(State or country)

19 MAIDEN NAME OF MOTHER Fannie Dearborn

20 BIRTHPLACE OF MOTHER (City) CBL
(State or country)21 Informant Franklin Secatore
(Address) 63 Pleasant St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Walter E. Baker
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) Sept. 24 1956 (Date of Issue of Permit)

PLACE OF DEATH

R-301A

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EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 10 Park Ave.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent. 178
179

Registered No.

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Kathryn T. McDonald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no(a) Residence. No. 10 Park Ave.
(Usual place of abode)St.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 1 years 6 months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 24 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on....., 19....., death is said to
have occurred on the date stated above, at 1:35 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably Cerebral

Due To (c) Vascular Thrombosis

OTHER SIGNIFICANT CONDITIONS Hypertension

INTERVAL
BETWEEN
ONSET AND
DEATH

years

Was autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop Board of Health Date 24 Sept 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 26 19 56

7 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
ADDRESS East Boston

Received and filed. SEP 25 1956 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of Raymond F. McDonald

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years.....Months.....Days
If under 24 hours
.....Hours.....Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No.....

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER John Winer

18 BIRTHPLACE OF

FATHER (City).....
(State or country) Germany19 MAIDEN NAME
OF MOTHER Katherine Meade20 BIRTHPLACE OF
MOTHER (City).....
(State or country) Ireland21 Informant. Raymond F. McDonald
(Address) 10 Park Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 9/25/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

SEP 25 1945

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 109 Buchanan

2 FULL NAME Edith Florence (Wain) Pilling
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 109 Buchanan
(Usual place of abode)St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 34 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 25 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
1954 to September 25 1956I last saw her alive on September 19 1956, death is said to
have occurred on the date stated above, at 11:45 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Vascular
Hemorrhage

Due To (b) Cerebral Arteriosclerosis years

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Hypertension

INTERVAL
BETWEEN
ONSET AND
DEATH

24 hrs.

years

years

Was autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop, Mass. Date Sept 27 1956

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 27 1956

7 NAME OF FUNERAL DIRECTOR Alfred B Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. SEP 27 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCEDfemale white
10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Alfred John Pilling
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 7 Months 26 Days
If under 24 hours
Hours Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 016-26-7582-B.

16 BIRTHPLACE (City) London
(State or country) England

17 NAME OF FATHER Samuel Wain

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Sarah King

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant: Alfred J. Pilling
(Address) 109 Buchanan St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 9/27/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation. The sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

ns, if any,
ave rise to
cause (a),
the under-
cause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
1954, requires
ns to print or
e cause or
of death on
rtificates.

100M-11-55-916148

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 180

PLACE OF DEATH

SUFFOLK

(County)

Winthrop

(City or Town)



No.

Winthrop Community Hosp

{ If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME

Joseph H VanTyne

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

45 Cross

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Sept 26 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Sept 26, 1954 to Sept 26, 1956

I last saw him alive on Sept 26, 1956, death is said to

have occurred on the date stated above, at 10:30 A.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) acute left ventricular
dilatation

minutes

Due To

(b) coronary occlusion
(massive)

2-3 hrs

Due To

(c) atherosclerosis

years

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph E. Gregoire, M. D.

(Address) 141 Washington St. Date 9-28-56

6

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

Sept 29, 56

7 NAME OF

FUNERAL DIRECTOR

Maurice W. Kirby

ADDRESS

Winthrop

Received and filed

SEP 28 1956

19.

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Virginia C. Walker

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 52 Years Months Days

If under 24 hours
Hours Minutes

13 Usual

Occupation:

Laborer

(Kind of work done during most of working life)

14 Industry

or Business:

Town of Winthrop

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Providence R.I.

17 NAME OF

FATHER

David VanTyne

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Brooklyn n.y.

19 MAIDEN NAME

OF MOTHER

Grace Harriman

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Haverhill Mass

21

Informant

(Address)

Mr Virginia VanTyne
45 Cross St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

9/28/56

V.B.

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 181

No. New England Center Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Thelma I. O'Connell
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 180 Somerset Avenue,
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. 11 years. months. 11 days. In place of residence. 25 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 19, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 8, 1956 to June 19, 1956
I last saw her alive on June 19, 1956, death is said to
have occurred on the date stated above, at 9:35 P. m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute granulocytic
leukemia

3 Months 2 47 9

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Peripheral blood smear

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) J. C. Twitchell M. D.

(Address) N.E. Center Hosp. 6/20/ 1956

6 Winthrop Cem. Winthrop, Mass

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 23, 1956

7 NAME OF FUNERAL DIRECTOR H. Reynolds
Winthrop, Mass.

ADDRESS

Received and filed Dr. T. B. 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Daniel J. O'Connell

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 47 Years 9 Months 12 Days If under 24 hours
Hours Minutes13 Usual Occupation: Clerk
(Kind of work done during most of working life)

14 Industry or Business: Insurance Agency

012-20-5539

15 Social Security No. Maynard

16 BIRTHPLACE (City) Massachusetts
(State or country)

17 NAME OF FATHER Robert Veitch

18 BIRTHPLACE OF FATHER (City) Quebec

(State or country) Canada

19 MAIDEN NAME OF MOTHER Eunice Wilson

20 BIRTHPLACE OF MOTHER (City) Quebec

(State or country) Canada

21 Daniel J. O'Connell

Informant. Winthrop, Mass.
(Address)

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED June 26, 1956

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (Sec Chap. 46, Sec. 12, (c. 1).)

RECEIVED

1911

11

OCT 15

The Commonwealth of Massachusetts

TEWKSBURY STATE HOSPITAL
AND INFIRMARY

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

12182

No. TEWKSBURY STATE HOSPITAL and INFIRMARY

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Albert W. Rich

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 16 Madison Ave.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 17 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 30, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 13, 1956, to June 30, 1956
I last saw him alive on June 30, 1956 death is said to
have occurred on the date stated above, at 11:16a.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of lung

mos.

(b) Pulmonary tuberculosis
advanced

mos.

(c) Arteriosclerotic heart
disease

yrs.

OTHER
SIGNIFICANT
CONDITIONS Adenomatous prostate yrs.Was autopsy performed? No
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) S. Phillip Crucilla, M. D.

(Address) T. S. H. and I. Tewksbury Date 6/30/1956

6 Winthrop Cemetery, Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 10, 1956

7 NAME OF FUNERAL DIRECTOR E. B. Caggins & Son

ADDRESS 147 Winthrop St., Winthrop

Received and filed OCT 25 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 0 Months 19 Days If under 24 hours
Hours Minutes13 Usual Occupation: Sign painter
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. Cannot be learned

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER Gilbert Rich

18 BIRTHPLACE OF FATHER (City) Cape Cod
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Elizabeth Wilson

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Informant Hospital Records
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred) Supt.

DATE FILED June 30, 1956

PLACE OF DEATH

Middlesex

(County)

Tewksbury, Mass.

(City or Town)



R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

SOM. 11-35-916145

62146 M

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. **619883**

PLACE OF DEATH

1

(County)

(City or Town)

No. **Mass Genl Hospt**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Gertrude E Silver**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. **7 Temple Ave**
(Usual place of abode)

St. **Winthrop**

(If nonresident, give city or town and State)

Length of stay: In place of death **2** years **13** months **13** days. In place of residence **30** years **0** months **0** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 1, 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **April 18** 19**56** to **July 1** 19**56**
I last saw h. alive on **July 1** 19**56**, death is said to have occurred on the date stated above, at **2:25 P** m.

INTERVAL BETWEEN ONSET AND DEATH

1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Pulmonary edema
? Embolus**

Due To (b) **Carcinoma of bladder**

2 1/2 mos

Due To (c) **Arteriosclerotic heart disease-Cerebral**

OTHER SIGNIFICANT CONDITIONS **Vascular accident**

4 wks

Was autopsy performed? **No**
What test confirmed diagnosis? **Clinical**

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **C. I. Clay**, M. D.

(Address) **Mass Gen Hosp** Date **7-1** 19**56**

6 **Holy Cross** **Walden**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **July 5** 19**56**

7 NAME OF FUNERAL DIRECTOR **A J O'Waley**

ADDRESS **Winthrop, Mass**

Received and filed **OCT 17 1956** 19**56**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED** **WIDOWED** or **DIVORCED** **Widowed**

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Joseph Silver** (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **72** Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: **Housewife** (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) **East Boston**
(State or country) **Mass**

17 NAME OF FATHER **John E Ford**

18 BIRTHPLACE OF FATHER (City) **East Boston**
(State or country) **Mass**

19 MAIDEN NAME OF MOTHER **Margaret E Owen**

20 BIRTHPLACE OF MOTHER (City) **East Boston**
(State or country) **Mass**

21 Informant **John Silver**
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **July 10 1956**

Copies of returns of deaths which occurred in your city or town in which the deceased resided in another city or town at the time of death should be transmitted to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.11-55-916148

OCT 17 1978

PLACE OF DEATH

SUFFOLK
BOSTON (County)

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON

(City or town making return)

Registered No. 6362184

No. Boston City Hospt.

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Alfred H Queenan Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 117 Loring Road
(Usual place of abode)St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 8/56
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE and MANNER thereof
are as follows: (If an injury was involved, state fully.)Fracture of skull presumably
accidental fall into M.T.A. pit at
Boston July 8/56

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did
Injury occur?.....
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place?.....
(Specify type of place)Manner of
Injury.....
(How did injury occur?)Nature of
Injury.....

While at work?.....Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Richard Ford, M. D.

(Address).....Date 7-8-19-56

7 Place of Burial, or Cremation Cambridge Catholic Cem-Cambridge
(City or Town)

DATE OF BURIAL July 11/56 19.....

8 NAME OF FUNERAL DIRECTOR F J McGrath

ADDRESS East Boston Mass

Received and filed OCT 12 1956 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED11a If married, widowed, or divorced Margaret Regan
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 48 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation Switchman
(Kind of work done during most of working life)

15 Industry or Business New England Tel. & Tel.

16 Social Security No.

17 BIRTHPLACE (City) Charlestown Mass.
(State or country)

18 NAME OF FATHER Alfred H Queenan

19 BIRTHPLACE OF FATHER (City) East Boston Mass.
(State or country)

20 MAIDEN NAME OF MOTHER Anna B Burns

21 BIRTHPLACE OF MOTHER (City) Burlington Vermont
(State or country)22 Informant Father
(Address)

A TRUE COPY.

TEST: (Registrar of City or Town where death occurred)

DATE FILED July 17/56 19.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which they deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 2, G. L.)

50M-11-55-916145

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)

No. **Faulkner Hospital**2 FULL NAME **Arthur Samuel Cashman**
(If deceased is a married, widowed or divorced woman, give also maiden name.)Residence. No. **35 Wadsworth St.,** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 12, 1956**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 28, 1956 to July 12, 1956I last saw him on **July 12, 1956** death is said to
have occurred on the date stated above, at **6:20A** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Myocardial Infarction**Due To **Arteriosclerotic Heart Disease**
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS **Thrombosis left tibial artery left lumbar sympathectomy**Was autopsy performed? **Autopsy**
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....(Signed) **Walter Kaye** M. D.
Faulkner Hosp. Date **7/12/56**(Address) **Sharon Mem. Park Cem. Sharon, Mass.**Place of Burial or Cremation **July 13, 1956**

DATE OF BURIAL.....19.....

7 NAME OF FUNERAL DIRECTOR **Henry Levine**
Brookline, Mass.
ADDRESSReceived and filed **OCT 23 1956**.....19.....

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

BOSTON

(City or Town making this return)

Registered No. **6429185**{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number){ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(If nonresident, give city or town and State)

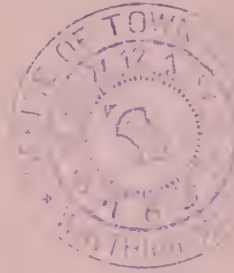
PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)
MARRIED
WIDOWED **Married**
or **DIVORCED**10a If married, widowed, or divorced
HUSBAND of **Marion Kaitz**
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **56** Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: **Ass't. treasurer**
(Kind of work done during most of working life)14 Industry or Business: **Credit Union**15 Social Security No. **-**16 BIRTHPLACE (City) **Russia**
(State or country)17 NAME OF FATHER **Moses Cashman**18 BIRTHPLACE OF FATHER (City) **Russia**
(State or country)19 MAIDEN NAME OF MOTHER **Ida Kaplan**20 BIRTHPLACE OF MOTHER (City) **Russia**
(State or country)21 Informant **Marion Cashman**
(Address) **Winthrop, Mass.**A TRUE COPY
ATTEST: **Charles H. Zisch**
(Registrar of City or Town where death occurred)DATE FILED **July 20, 1956****Re: Arthur Samuel Cashman****V. B. V.**

RECEIVED



OCT 23

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 6, Sec. 12, G. L.)

50M 11-55-916149

PLACE OF DEATH

SUP
BOSTON

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 6755186

No. Carney Hosp

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Elizabeth V. Brooks
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 20 Winthrop
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death years months 17 days. In place of residence 30 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 23 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 6, 1956, to July 23, 1956
I last saw him alive on July 23, 1956, death is said to
have occurred on the date stated above, at 5:15 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hepatic coma

Due To (b) Liver necrosis

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes
What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. Gendrop, M. D.

(Address) Carney Hosp Date 7-23 1956

6 Winthrop Cem Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 26 1956

7 NAME OF FUNERAL DIRECTOR A. J. O'Waley
ADDRESS Winthrop, Mass.

Received and filed OCT 29 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Harry I. Brooks
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No. --

16 BIRTHPLACE (City) South Boston
(State or country) Mass

17 NAME OF FATHER Patrick McDonough

18 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Mary Joyee

20 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

21 Informant Husband
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 30 1956

RECEIVED



01792

1 R-302

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.11-55-916148

PLACE OF DEATH

SUFFOLK
BOSTON
(County)

(City or Town)

1

No. **Massachusetts General Hospital**

2 FULL NAME **Melvina Streeter**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **34 Pleasant St.,** St. **Winthrop, Mass.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 26, 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I ~~was~~ **was** deceased from **July 11, 1956** to **July 26, 1956**
We last saw him live on **July 26, 1956** Death is said to have occurred on the date stated above, at **5:30P** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) **Pulmonary edema**

Due To **Calcific aortic stenosis**
(b)

Due To
(c)

OTHER SIGNIFICANT CONDITIONS **Cerebral edema**

Was autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **C. L. Clay**, M. D.
(Address) **Mass. Gen. Hosp.** Date **July 28, 1956**

6 **Woodlawn Cem. Everett, Mass.**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **July 28, 1956**

7 NAME OF FUNERAL DIRECTOR **W. R. Carafa**
ADDRESS **Chelsea, Mass.**

Received and filed **OCT 30 1956**
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female**

9 COLOR **White**

10 SINGLE (write the word) **Widowed**
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
Herbert Streeter
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **77** years **10** months **19** days If under 24 hours
Hours.....Minutes

13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)

14 Industry or Business: **Housework**

15 Social Security No. **-**

16 BIRTHPLACE (City) **East Boston**
(State or country) **Massachusetts**

17 NAME OF FATHER **George A. Smith**

18 BIRTHPLACE OF FATHER (City) **East Boston**
(State or country) **Massachusetts**

19 MAIDEN NAME OF MOTHER **Margaret Morrell**

20 BIRTHPLACE OF MOTHER (City) **East Boston**
(State or country) **Massachusetts**

21 Informant (Address) **Gertrude Calofo**
Chelsea, Mass.

A TRUE COPY
ATTEST: **Charles H. Inactive**
(Registrar of City or Town where death occurred)

DATE FILED **August 1, 1956**

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON

(City or Town making this return)

Registered No. **6867187**

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

{(Was deceased a U. S. War Veteran, if so specify WAR)}

(If nonresident, give city or town and State)

CERTIFICATE OF DEATH

STATE FILE NO. 05392

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH a. COUNTY <u>Hancock</u>			2. USUAL RESIDENCE Where deceased lived. If institution: residence before admission a. STATE <u>Mass.</u> b. COUNTY <u>Suffolk</u>					
	b. CITY, TOWN, OR LOCATION <u>Castine</u>		c. LENGTH OF STAY IN 1b <u>1 week</u>		c. CITY, TOWN, OR LOCATION <u>Winthrop, Mass.</u>				
	d. NAME OF HOSPITAL OR INSTITUTION <u>Castine Community Hosp</u>			d. STREET ADDRESS					
	e. IS PLACE OF DEATH IN RURAL AREA? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			e. IS RESIDENCE IN RURAL AREA? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DECEASED PERSONAL DATA	3a. NAME OF DECEASED — First Name <u>Alice</u>			3b. Middle Name <u>R.</u>		3c. Last Name <u>Crawford</u>			
	5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 16, 1864</u>		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>92</u>		12. CITIZEN OF WHAT COUNTRY?	
	11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?					
CAUSE OF DEATH	13. FATHER'S NAME <u>Not known</u>			14. MOTHER'S MAIDEN NAME <u>Not known</u>			15. NAME OF SPOUSE (If Married)		
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. SOCIAL SECURITY NO.		18. INFORMANT <u>Irene Conant Winthrop, Mass.</u>			
	19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>						INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
DEATH DUE TO EXTERNAL VIOLENCE	21a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18).					
	21c. TIME OF INJURY Hour <u>5</u> a.m. p.m. Month, Day, Year			21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
	21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21f. CITY, TOWN, OR LOCATION <u>Cambridge, Mass.</u>					
	21g. CITY, TOWN, OR LOCATION <u>Cambridge, Mass.</u>			21h. COUNTY <u>Mass.</u>					
PHYSICIAN'S OR MEDICAL EXAMINER'S CERTIFICATION	22a. MEDICAL EXAMINER: I hereby certify that death occurred at the time and from the causes stated above, and that I held an (investigation) (autopsy) on the remains of the deceased as required by law.					22b. PHYSICIAN: I hereby certify that I attended the deceased from <u>7/27/56</u> to <u>7/27/56</u> and last saw him alive on <u>7/27</u> at <u>5 P.M.</u> Death occurred on the date and from the causes stated above.			
	23a. SIGNATURE <u>Robert F. Russell M.D.</u>					23b. ADDRESS <u>Penobscot, Me.</u>		23c. DATE SIGNED <u>7/27/56</u>	
	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>					24b. DATE <u>7/3/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn</u>	
	24d. LOCATION (City, town, or county) (State) <u>Cambridge, Mass.</u>								
FUNERAL DIRECTOR AND REGISTRAR	25. FUNERAL DIRECTOR <u>Reynolds Funeral Home</u>			ADDRESS <u>Winthrop, Mass.</u>		26. DATE RECD. BY LOCAL REG <u>7/29/56</u>		27. REGISTRAR'S SIGNATURE — A TRUE COPY, ATTEST. <u>Edith M. Corbin</u>	

05392

Form Approved
Budget Bureau No. 68-R442DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service

National Office of Vital Statistics

Aug. 16, 1956

Reynolds Funeral Home

Winthrop, Mass.

Dear Sir:

It is essential that death certificates be complete and correct in every particular. You are therefore requested to make every effort in your power to secure the information indicated by red X's.

You need not furnish information except where indicated by red X's.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Hancock			2. USUAL RESIDENCE Where deceased lived. If institution: residence before admission a. STATE Mass. b. COUNTY Suffolk		
b. CITY, TOWN, OR LOCATION Castine		c. LENGTH OF STAY IN 1b	c. CITY, TOWN, OR LOCATION Winthrop		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS		
e. IS PLACE OF DEATH IN RURAL AREA? YES <input type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE IN RURAL AREA? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3a. NAME OF DECEASED — First Name Alice		3b. Middle Name R.	3c. Last Name Crawford		4. DATE OF DEATH Month Day Year July 27, 1956
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (In years last birthday) If under 1 year: Mos Days Hrs Min. If under 24 hrs: Mos Days Hrs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) XXXX New Hampshire	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME			
14. MOTHER'S MAIDEN NAME		15. NAME OF SPOUSE (If Married)			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.		18. INFORMANT Address	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(a)					20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18).			
21c. TIME OF DEATH Hour Month, Day, Year					

p.m.

21d. INJURY OCCURRED
WHILE AT NOT WHILEWORK ☐ AT WORK ☐21e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

CITY, TOWN, OR LOCATION COUNTY STATE

22e. MEDICAL EXAMINER: I hereby certify that death occurred at the place and time stated above, and that I held an (investigation) (autopsy) in the presence of the physician and that I saw him alive on the date and from the cause stated above.

23e. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

24e. BURIAL CREMATION REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR ADDRESS 26. DATE RECD. BY LOCAL REG 27. REGISTRAR'S SIGNATURE—A TRUE COPY, ATTEST.

Prompt return of this form will be greatly appreciated.
A penalty envelope, which requires no postage, is enclosed.

Very truly yours,

*Wm. F. Lach*Special Agent, U. S. Public Health Service
State Department of Health and Welfare
Augusta, MaineSignature of person supplying
information or correctionRECEIVED
JUN 11 1934
U. S. DEPT. OF HEALTH
DIVISION OF VITAL STATISTICS
BUREAU OF RECORDS AND STATISTICS

PLACE OF DEATH

1

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

(County)

(City or Town)

COPY OF

CERTIFICATE OF DEATH

Registered No. 189

No. Mass General Hospt

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Charles E Theall, Jr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 83 Woodside Ave

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 27 days. In place of residence. 42 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 29 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from
July 2, 1956 to July 29, 1956I last saw h. alive on July 29, 1956 death is said to
have occurred on the date stated above, at 8:10a.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Portal cirrhosis, nutritional

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS Pulmonary edema, severe

12 hrs

Was autopsy performed? Yes Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C L Clay, M. D.

(Address) Mass Genl Hospt Date -- 1956

6 Winthrop Cem Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 1, 1956

7 NAME OF FUNERAL DIRECTOR A B Marsh
ADDRESS Winthrop, Mass.

Received and filed OCT 29 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M

9 COLOR W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced
HUSBAND of Mary Agnes Sweeney

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 7 Months Days If under 24 hours
Hours Minutes13 Usual Occupation Clerk
(Kind of work done during most of working life)

14 Industry or Business Suffolk Downs Race Track

15 Social Security No. --

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Charles Edwin Theall Sr.

18 BIRTHPLACE OF FATHER (City) Montreal
(State or country) Canada

19 MAIDEN NAME OF MOTHER Mary Brett

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass21 Informant John F Theall
(Address)

A TRUE COPY

ATTEST Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Aug 2, 1956

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

UC11-27

The Commonwealth of Massachusetts

BOSTON

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 7057 190

SUFFOLK
BOSTON

(City or Town)

No. Mass. Memorial Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME George S. Andosca
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 36 Wilshire St.,
(Usual place of abode)St. Winthrop, Mass
(If nonresident, give city or town and State)

Length of stay: In place of death. - years. - months. 1 days. In place of residence. 30 years. - months. - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 2, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 1 1956 to Aug 2 1956I last saw him live on Aug 2 1956, death is said to
have occurred on the date stated above, at 11:45p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

INTERVAL
BETWEEN
ONSET AND
DEATH

3 yrs

Due To
(b) Gouty Nephritis

? 3 yrs

Due To
(c) OTHER SIGNIFICANT CONDITIONS Gouty Arthritis

12 yrs

Was autopsy performed?
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify. no(Signed) H. King, M. D.
(Address) MMH Date 8-2 19566 Winthrop Cemetery, Winthrop, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 6 1956

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 917 Bennington St., E. Boston

Received and filed OCT 30 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED10a If married, widowed or divorced
HUSBAND of Margaret Rigone

(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 10 Months 25 Days If under 24 hours
Hours Minutes13 Usual Occupation: Barber
(Kind of work done during most of working life)

14 Industry or Business: Self-employed

15 Social Security No. none

16 BIRTHPLACE (City)
(State or country) Italy

17 NAME OF FATHER John Andosca

18 BIRTHPLACE OF FATHER (City)
(State or country) Italy

19 MAIDEN NAME OF MOTHER Philomena -----

20 BIRTHPLACE OF MOTHER (City)
(State or country) Italy21 Informant Margaret Andosca (wife)
(Address)A TRUE COPY Charles H. Mackie
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Aug 7, 1956 19

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

NOV 20

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. **Mass. General Hospt.**2 FULL NAME **Francis H McDermott**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. **42 Atlantic St.**
(Usual place of abode)St. **Winthrop Mass.**
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. **7378****191**(Was deceased a U. S. War Veteran, if so specify WAR) **WW #2**

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....**8**.....days. In place of residence **13** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 13/56**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from **August 5 19 56** to **August 13 19 56**
I last saw him live on **August 13/56** death is said to have occurred on the date stated above, at **9:45A m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Broncho pneumonia**Due To **Confluent bilateral**
(b)Due To
(c)OTHER SIGNIFICANT CONDITIONS **Cerebral infarct, left**Was autopsy performed? **Yes**
What test confirmed diagnosis? **autopsy**5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....(Signed) **C L Clay**, M. D.
(Address) **Mass. General Hospt** Date **--- 19---**6 **Holy Cross Malden Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **August 16/56** 197 NAME OF FUNERAL DIRECTOR **A J O'Maley**
ADDRESS **---**Received and filed **NOV 2 1956** 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATHRegistered No. **7378****191**St. **Winthrop Mass.**
(If death occurred in a hospital or institution, give its NAME instead of street and number)(Was deceased a U. S. War Veteran, if so specify WAR) **WW #2**

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....**8**.....days. In place of residence **13** years.....months.....days.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **Single**
MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **57** Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: **Composer**
(Kind of work done during most of working life)14 Industry or Business: **Printing**15 Social Security No. **011-01-2252**16 BIRTHPLACE (City) **Boston Mass.**
(State or country)17 NAME OF FATHER **Johnston McDermott**18 BIRTHPLACE OF FATHER (City) **Boston Mass.**
(State or country)19 MAIDEN NAME OF MOTHER **Mary E Calhoun**20 BIRTHPLACE OF MOTHER (City) **East Boston Mass.**
(State or country)21 Informant **Katherine McDermott**
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **August 17/56** 19

New York

Entered Service 9-9-42 Discharged 7-10-43

Pvt. QMC Aviation U S Army Service No. 31201185

Copies of returns of deaths occurring in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (Sec Chap. 46, Sec. 12, G. L.)

50M. 11-55-916145

X
PLACE OF DEATH
1

**SUFFOLK
BOSTON**
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON
(City or Town making this return)

**COPY OF
CERTIFICATE OF DEATH**

Registered No. **7663192**

No. **Mass Genl Hospt** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Isidore Kaplow, (legally changed)** (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. **30 Tewksbury** St. **Winthrop, Mass** (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. **10** years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 23 1956**
(Month) (Day) (Year)
4 I HEREBY CERTIFY, That I attended deceased from **August 23 56** to **August 23 56** 19. 56
I last saw h. alive on **August 23 56** death is said to have occurred on the date stated above, at **5:30P** m.

**INTERVAL
BETWEEN
ONSET AND
DEATH**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Uremia**

MOS

Due To (b) **Chronic glomerulonephritis**

7 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS **Myeloid metaplasia (following polycythemia vera)**

7 yrs

Was autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**

5 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) **C. L. Clay**, M. D.
(Address) **Mass Genl Hospt** Date **8-23-1956**

6 **Jewish Progressive Cem Everett**
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Aug 24 19 56**

7 NAME OF FUNERAL DIRECTOR **B Schlossberg & Sons**
ADDRESS **Boston, Mass**

Received and filed **NOV 8 1956**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **MARRIED**
WIDOWED or **DIVORCED** **Married**

10a If married, widowed, or divorced HUSBAND of **Fannie Cohen**
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **68 Yrs** Months. Days If under 24 hours Hours. Minutes

13 Usual Occupation: **Manager - owner**
(Kind of work done during most of working life)

14 Industry or Business: **Grocery store**

15 Social Security No. **033-16-9614**

16 BIRTHPLACE (City) (State or country) **Russia**

17 NAME OF FATHER **Gerson Kaplovitz**

18 BIRTHPLACE OF FATHER (City) (State or country) **Russia**

19 MAIDEN NAME OF MOTHER **Sarah --**

20 BIRTHPLACE OF MOTHER (City) (State or country) **Russia**

21 Informant (Address) **Herbert Kaplow**

A TRUE COPY **Charles H. Mackie**
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED **Aug 28 56**

Not on N. Books

10-10-10

10-10-10

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

Mount's Rest Home Convalescent Home St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret E. Quinn

(O'Kelly)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

193

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 110 Crest
(Usual place of abode)

Ave., Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years 4 months 12 days. In place of residence. 56 years months days.

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying, such
slurred, osseous,
ans the disease,
colations which
th.id conditions.
ing rise to the
e (o) stating
lying causetions contrib-
e death but not
the disease or
causing death.Chapter 137,
1954, requires
ns to print or
cause or causes
th on death
tes.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 5, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
May 1, 1955, to October 2, 1956

I last saw her alive on Oct. 2, 1956 death is said to

have occurred on the date stated above, at 12.10 P.M.

DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) Bronchial PneumoniaINTERVAL BE-
TWEEN ONSET
AND DEATH

3 days

ANTE Due To Senility
CEDENT (b)Due To Generalized
(c) ArteriosclerosisOTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.Date of operation. Was autopsy performed? No
Clinical Observation

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ants S. Muscare M. D.

(Address) 600 Beach St. Brookline, Mass. 1956

6 Holyhood Brookline, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 8, 1956

7 NAME OF FUNERAL DIRECTOR Arthur S. Porella

ADDRESS 876 Winthrop Ave., Revere, Mass.

Received and filed. OCT 18 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR OR RACE white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Gilbert F. Quinn Sr.
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 95 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: At home
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. none

16 BIRTHPLACE (City) Boston,
(State or country) Ireland Mass.

17 NAME OF FATHER William O'Kelly

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Diamond

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)21 Informant: Gilbert F. Quinn Jr.
(Address) 110 Crest Ave., Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:John R. Vaughan
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/17/56

50M-5-55-915025

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
have rise to
cause (a),
the under-
cause last.tions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ns to print or
e cause or
of death on
certificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 20 Lincoln Terrace

2 FULL NAME Grace Veronica Ahearn (Butler)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 20 Lincoln Terrace
(Usual place of abode)Length of stay: In place of death 29 years.....months.....days. In place of residence 29 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 7, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 12, 1956, to October 7, 1956
I last saw her alive on Oct 7, 1956, death is said to
have occurred on the date stated above, at 5:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMATOSISDue To PRIMARY - BREAST
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) A. N. Caplan, M. D.
(Address) 186 PRINCETON ST. BOSTON Date 10-8-19566 Winthrop Cemetery Winthrop
Place of Burial or Cremation (City or Town)DATE OF BURIAL October 10, 19567 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 1147 Winthrop St., WinthropReceived and filed OCT 8 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.Registered No. 191St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED married10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James Ahearn

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 2 Months 6 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)14 Industry or Business: Home

15 Social Security No.

16 BIRTHPLACE (City) Chicago
(State or country) Illinois17 NAME OF FATHER Pierce Butler18 BIRTHPLACE OF FATHER (City).....
(State or country) Ireland19 MAIDEN NAME OF MOTHER Mary Ducey20 BIRTHPLACE OF MOTHER (City).....
(State or country) Ireland21 Informant James Ahearn
(Address) 20 Lincoln Ter. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Chas. Board of Health 10/8/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

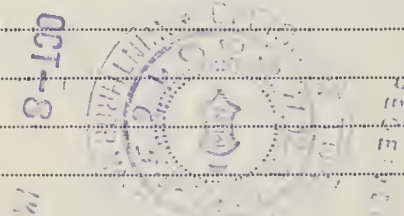
DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

195

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

Winthrop Nursing Home

STANDARD

CERTIFICATE OF DEATH

Registered No.

No. 142 PLEASANT STREET

{(If death occurred in a hospital or institution,
give its NAME instead of street and number)}

2 FULL NAME ERNEST R MARTIN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 401 PLEASANT STREET St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 13 days. In place of residence 33 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 11 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
SEPT 1, 1955, to OCT 11, 1956

I last saw him alive on OCT 11, 1956 death is said to

have occurred on the date stated above, at 10:30 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO PNEUMONIA

INTERVAL
BETWEEN
ONSET AND
DEATH
5 days

Due To (b) CEREBAL SCLEROSIS

2 yrs

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Fred O'Brien M. D.

(Address) 670 LAUREL AVE Date 10/12 1956

6 WOODLAWN CREMATORY EVERETT

Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCTOBER 15 1956

7 NAME OF FUNERAL DIRECTOR HOWARD S. REYNOLDS

ADDRESS WINTHROP MASS

Received and filed OCT 22 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
MALE WHITE MARRIED
WIDOWED
or DIVORCED MARRIED

10a If married, widowed, or divorced
HUSBAND of FLORENCE L. FOSTER
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 0 Months 10 Days If under 24 hours
Hours Minutes

13 Usual Occupation TEAMSTER RETIRED
(Kind of work done during most of working life)

14 Industry or Business EXPRESS Co.

15 Social Security No. NONE

16 BIRTHPLACE (City) MILFORD
(State or country) NEW HAMPSHIRE

17 NAME OF FATHER FRANK P. MARTIN

18 BIRTHPLACE OF FATHER (City) WILTON
(State or country) NEW HAMPSHIRE

19 MAIDEN NAME OF MOTHER MARY E. HOPKINS

20 BIRTHPLACE OF MOTHER (City) HAMPDEN
(State or country) MAINE

21 Informant FLORENCE L. MARTIN
(Address) 401 PLEASANT ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
Ch. Board of Health 10/15/56
(Official Designation) (Date of Issue of Permit)

R-301A

CTIONS
FOR
CERTIFICATE

giving
OF DEATH

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etc. It means
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death but not
the terminal
ndition given

Chapter 137,
1954, requires
is to print or
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f death on
rtificates.

100-11-55-915145

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

COPY OF CERTIFICATE OF DEATH

CERTIFICATE OF DEATH STATE OF NEW HAMPSHIRE

TOWN OR CITY
CLERK'S NO

5-3196

1. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		2. DATE OF DEATH (Month) (Day) (Year)		
			Arthur		Orvin		Jackson		Oct. 11, 1956		
3. PLACE OF DEATH									4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).		
a. COUNTY									a. STATE		b. COUNTY
Carroll									Mass.		Suffolk
b. CITY OR TOWN			c. LENGTH OF STAY (in this place)			c. CITY (Give actual town of residence, NOT mailing address).					
Conway			Summer Resident			Wintthrop					
d. FULL NAME OF HOSPITAL OR INSTITUTION									d. STREET ADDRESS (If rural, give location)		
Center Conway									41 Buckthorn Terrace		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS	
Male	White	Married		Oct. 11, 1904		62		Months		Days	
10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
Stock & Bond Salesman						Medford, Mass.			U. S. A.		
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME					
Frederick Jackson						Minerva Murphy					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT					
						Mrs. Boris S. Jackson					
18. MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>											
(a) DUE TO											
Coronary Occlusion											
(b) DUE TO											
INTERVAL BETWEEN ONSET AND DEATH											
Sudden Death											
II. OTHER SIGNIFICANT CONDITIONS											
Conditions contributing to the death but not related to the disease or condition causing it.											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?			
								YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN)		(COUNTY)		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>on Oct. 11, 1956</u> , to <u>Oct. 14, 1956</u> , that I last saw the deceased alive on <u>Oct. 14, 1956</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED			
Charles E. Smith M. D.				Conway, N. H.				10-16-56			
24a. BURIAL, CREMATION, ENTOMBMENT, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)					
Burial		Oct. 17, 1956		Woodlawn		Medford, Mass.					
24e. PLACE OF BURIAL (If entombed)		(Name of Cemetery)		LOCATION (City, Town, County)		(State)		DATE			
25. FUNERAL DIRECTOR				ADDRESS		COUNTERSIGNED - AGENT (City Bd. of Health)		DATE			
Arthur H. Barber				No. Conway, N. H.							
DATE REC'D BY TOWN OR CITY CLERK				CLERK'S OWN SIGNATURE				CLERK OF			
Oct. 22, 1956				Leon A. Shirley				Conway, N. H.			
A true copy, Attest: <u>Leon A. Shirley</u> Clerk of <u>Conway, N. H.</u> Dated <u>10-22-1956</u>											

OCT 24 1956

NOT RECORDED

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RECEIVED

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R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHt enter
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b) and (c)es not mean
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part failure,
c. It means
r, or compli-
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path but not
the terminal
dition givenChapter 137,
954, requires
s to print or
cause or
f death on
ificates.

100M-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

Winthrop Community Hospital

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Charles Wolk. Charles Wolk.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No.

(Usual place of abode)

208 Harvard

St.

Dorchester, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months..... $\frac{1}{2}$days. In place of residence.....4.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

October

(Month)

14

(Day)

1956

(Year)

4

I HEREBY CERTIFY,

That I attended deceased from

Oct. 1

1956

to

Oct. 14

1956

1956

I last saw him alive on Oct. 14, 1956 death is said to

have occurred on the date stated above, at 11:40 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Coronary Occlusion

(Anterior)

INTERVAL
BETWEEN
ONSET AND
DEATH

1 day

Due To

(b)

Coronary Sclerosis.

10 yrs.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

Charles Liberman

M. D.

(Address)

Winthrop Mass.

Date 10/14/1956

6

Montifiore

Everett

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

October

15,

1956

7 NAME OF
FUNERAL DIRECTOR

Benjamin Birnbach

ADDRESS

10 Washington St., Dorchester

Received and filed

OCT 15 1956

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

197

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Bertha Elfinan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

70

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

M. T. A. Motorman

(Kind of work done during most of working life)

14 Industry

or Business:

Retired

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF

FATHER

Aaron Wolk

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

Jeanette-Cannot be learn

20 BIRTHPLACE OF

MOTHER (City)

Russia

(State or country)

21

Informant

(Address)

Alexander Wolk

43 Norman St.,

Milton

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

John P. Vaughan

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

10/14/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to, such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

198

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mount's Convalescent Home

STANDARD
CERTIFICATE OF DEATH

104 Highland Ave.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Marie Christine (Raymond) Connor
(If deceased is a married, widowed or divorced woman, give also maiden name.)

Registered No.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. Washington Rest Home, 46 Washington Ave.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 29 days. In place of residence. 3 years 9 months 29 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 16 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
June 1, 1954, to Oct 16, 1956I last saw him alive on Oct 13, 1956, death is said to
have occurred on the date stated above, at 5:25 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) myocardial heart
DiseaseINTERVAL
BETWEEN
ONSET AND
DEATH

4 yrs

Due To arteriosclerosis -
(b) generalized

yrs.

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS cachexia

yrs

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Gregorie, M. D.

(Address) 194 Washington St., Winthrop Date 10-17-56

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 18, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed. OCT 18 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED widowed
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Isaac Henry Connor
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 8 Months 0 Days If under 24 hours
Hours Minutes13 Usual Occupation: House work
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 032-03-3822D

16 BIRTHPLACE (City) Minnesota
(State or country)

17 NAME OF FATHER ? Raymond

18 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)21 Informant: Mollie Finneran
(Address) 46 Washington Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Ch. Board of Health 10/18/56
(Official Designation) (Date of Issue of Permit)

R-301A

DUPLICATIONS
OR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
, or compli-
cations causedis, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
cath but not
the terminal
dition givenChapter 137,
95A, requires
s to print or
cause or
f death on
ificates.

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 199

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 90 Bellevue Avenue

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME James Albert McLaughlin
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) W.W.1

(a) Residence. No. 90 Bellevue Avenue
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 17 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 20 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19, death is said to
have occurred on the date stated above, at 7:55 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL
BETWEEN
ONSET AND
DEATH

Due To Presumably Pulmonary
(b) Embolus

Due To Recent operation for
(c) Abdominal Malignancy

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.
Winthrop Board of Health
Date 21 Oct. 1956

6 Woodlawn Cemetery, Everett, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 23, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed OCT 22 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Priscilla Gardner Morris
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 years 1 Months 17 Days If under 24 hours
Hours Minutes

13 Usual Occupation: machinist
(Kind of work done during most of working life)

14 Industry or Business: Met. District Commission

15 Social Security No. 034-20-8023

16 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

17 NAME OF FATHER Hugh Albert McLaughlin

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Minnie Jane Smith

20 BIRTHPLACE OF MOTHER (City) London
(State or country) England

21 Informant Mrs. James A. McLaughlin
(Address) 90 Bellevue Ave. Winthrop

I HEREBY CERTIFY that a satisfactory medical certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

M R-301A

INSTRUCTIONS
FOR
L CERTIFICATE

a giving
OF DEATH

not enter
than one
e for each
(b) and (c)

does not mean
de of dying,
heart failure,
etc. It means
ase, or compli-
which caused

ions, if any,
gave rise to
cause (a),
the under-
cause last.

ditions contrib-
death but not
to the terminal
condition given

Chapter 137,
f 1954, requires
ians to print or
the cause or
of death on
certificates.

100M-11-55-916/45

IV 13 KENTERS

TAKEN OFF CHART

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE	November 8, 1917
DATE OF DISCHARGE	September 30, 1921
RANK, RATING	Chief Machinists Mate
ORGANIZATION AND OUTFIT	U. S. Navy
SERVICE NUMBER	126-24-25

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 230

1. (If death occurred in a hospital or institution, St. give its NAME instead of street and number)
 No. 142 Pleasant St. Winthrop
 2. FULL NAME: James J. Trainor
 (If deceased is a married, widowed or divorced woman, give also maiden name.)
 142 Pleasant St. Winthrop
 (a) Residence. No. 142 Pleasant St. Winthrop
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of stay: In place of death years 4 months 19 days. In place of residence years months days.

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO

INSTRUCTIONS
FOR
CERTIFICATE

giving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
se, or compli-
which caused

ons, if any,
gave rise to
cause (a),
the under-
cause last.

tions contrib-
death but not
to the terminal
condition given

Chapter 137,
1954, requires
ans to print or
e cause or
of death on
rtificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH: Oct 20, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I attended deceased from June 19, 1956 to Oct 20, 1956
I last saw him alive on Oct 20, 1956, death is said to have occurred on the date stated above, at 2:40 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
1 1/2 hr

Due To (b) Atherosclerosis ?

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Cerebral 51975

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. J. Greenfield, M. D.
(Address) 73 W. Main St. Date 10-20-56

HOLY CROSS CHURCH, MALDEN MASS.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL: OCTOBER 23, 1956

7 NAME OF FUNERAL DIRECTOR: WILLIAM F. WELSH
ADDRESS: 718 BROADWAY CHILMARK MASS.

Received and filed: OCT 22 1956

PERSONAL AND STATISTICAL PARTICULARS

8 SEX: MALE 9 COLOR: WHITE 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED: WIDOWED

10a If married, widowed, or divorced HUSBAND of ELIZABETH TULLEY
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE: 92 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: STATIONARY FIREMAN (RETIRED)
(Kind of work done during most of working life)

14 Industry or Business: CHILMARK COURT HOUSE

15 Social Security No. None

16 BIRTHPLACE (City) ST. JOHN N. BRUNSWICK
(State or country) CANADA

17 NAME OF FATHER: JAMES TRAINOR

18 BIRTHPLACE OF FATHER (City) (State or country) IRELAND

19 MAIDEN NAME OF MOTHER: ELLEN FAIRAN

20 BIRTHPLACE OF MOTHER (City) (State or country) IRELAND

21 Informant: JAMES TRAINOR
(Address) 142 PLEASANT ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
John R. Paugh (Signature of Agent of Board of Health or other)
Ch. Board of Health (Official Designation) 10/22/56 (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

201

Registered No.

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Frattoroli, Baby Boy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 246 Lexington Street St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 24 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 23, 1956, to Oct. 24, 1956I last saw him alive on Oct. 24, 1956 death is said to
have occurred on the date stated above, at 11:10 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congenital Heart DiseaseINTERVAL
BETWEEN
ONSET AND
DEATHOne dayDue To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Clinical and laboratory5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) Maurice Trumpstein M. D.
(Address) 562 Shirley St, Winthrop 10/24/566 Holy Cross Malden
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct. 25 19567 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
ADDRESS 98 Havre St. E. Boston

Received and filed.....19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days 1 12 12
If under 24 hours
Hours.....Minutes13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP
(State or country) MASS.17 NAME OF FATHER Peter Frattoroli18 BIRTHPLACE OF FATHER (City) Italy
(State or country)19 MAIDEN NAME OF MOTHER Nellie Ventresca20 BIRTHPLACE OF MOTHER (City) Seattle
(State or country) Washington21 Informant Peter Frattoroli
(Address) 246 Lexington St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:John R. Tagliavara
(Signature of Agent or Board of Health or other)
Chairman Board of Health 10/24/56
(Official Designation) (Date of Issue of Permit)INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
e of dying,
heart failure,
etc. It means
se, or compli-
which causedons, if any,
have rise to
cause (a),
the under-
cause last.tions contrib-
death but not
to the terminal
condition givenChapter 137,
1954, requires
ans to print or
e cause or
of death on
certificates.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

Suffolk

(County)

Boston

(City or Town)

COPY OF CERTIFICATE OF DEATH

Registered No. 8138 202

No. Mass. General Hospt.

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Florence J Steed
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify, (WAR)

(a) Residence. No. 51 Belcher
(Usual place of abode)

St. Winthrop Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 9/56
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 20 1956, to Sept. 9 1956
I last saw him live on Sept. 9 1956, death is said to have occurred on the date stated above, at 3:23 PM

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia
bilateral, acute

Due To (b) Septicemia, cryptococcus
neoformans) with meningitis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Hemolytic anemia,
idiopathic

Was autopsy performed? Yes
What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) G L Clay, M. D.

(Address) Mass. General Hospt 9-10 1956

6 Winthrop Cem-Winthrop Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 12/56 19

7 NAME OF FUNERAL DIRECTOR H W Kirby

ADDRESS Winthrop Mass.

Received and filed NOV 16 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Alice E Coombs
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years. Months. Days If under 24 hours
Hours. Minutes

13 Usual Occupation: Mechanic
(Kind of work done during most of working life)

14 Industry or Business: Auto

15 Social Security No.

16 BIRTHPLACE (City) Middletown Conn.
(State or country)

17 NAME OF FATHER George A Steed

18 BIRTHPLACE OF FATHER (City) Middletown Conn.
(State or country)

19 MAIDEN NAME OF MOTHER Julia Regan

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Alice E Steed
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Sept. 12/56 19

Copies of returns of deaths in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

NOV 2

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

MIDDLESEX

(County)

NEWTON

(City or Town)

COPY OF
CERTIFICATE OF DEATH

Registered No.

487-203

No. Newton-Wellesley Hospital

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Baby Boy Skane

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

No

(a) Residence. No. Wilshire St.
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 12 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 12, 1956 to Sept. 12, 1956I last saw him alive on, 19....., death is said to
have occurred on the date stated above, at 3:37 a.m.INTERVAL
BETWEEN
ONSET AND
DEATHDEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Erythroblastosis FetalDue To Rh Negativity
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....(Signed) Robert Brown, M. D.
(Address) 1101 Beacon Date 12 Sept. 19566 Holy Cross Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 13 1956

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 98 Havre St. East Boston

Received and filed September 14 NOV 21 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE.....Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation:
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Newton
(State or country) Mass.

17 NAME OF FATHER George Skane

18 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Margaret Cox

20 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.21 Informant George Skane
(Address) 30 Wilshire St. Winthrop

A TRUE COPY

ATTEST: Monte R. Bosha
(Registrar of City or Town where death occurred)

DATE FILED September 12 1956

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

1575

PLACE OF DEATH

SUFFOLK
BOSTON

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

8540 204

No. Boston Lying-In Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Girl Belcher

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 291 Winthrop St.,
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 21, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 21, 1956 to Sept. 21, 1956
I last saw him alive on Sept. 21, 1956, death is said to
have occurred on the date stated above, at 9:57P.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Yes
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) H. E. Brooks, Jr. M. D.

(Address) 319 Longwood Ave. Date 9/21/1956

6 Winthrop Cem. Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 24, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS Winthrop, Mass.

Received and filed NOV 2 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days If under 30 hours
Hours 30 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country) Massachusetts

17 NAME OF FATHER Harold W. Belcher

18 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Madelon L. Clatue

20 BIRTHPLACE OF MOTHER (City) Tewksbury
(State or country) Massachusetts21 Informant Boston Lying-In Hospital
(Address) Boston, Mass.

A TRUE COPY

ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED September 27, 1956



NOV 27 1914

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Waltham
(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

517
205
Registered No.

PLACE OF DEATH

Middlesex
(County)

Waltham
(City or Town)

No. Murphy Army Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Ruby Lucady Meaker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

No
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 32 Putnam
(Usual place of abode)

St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from August 17, 1956 to October 4, 1956

I last saw her alive on October 4, 1956 death is said to have occurred on the date stated above, at 12:35am.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Infarction myocardium, acute

Due To (b) Possible pulmonary infarction

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. L. Duffy, M. D.
(Address) Waltham, Mass. Date 10-4 19 56

6 Wilson cem., Barre, Vermont
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 6, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop, Mass.

Received and filed NOV 6 - 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Chester Orin Meaker
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 4 Months 13 Days
If under 24 hours Hours Minutes

13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Barre
(State or country) Vermont

17 NAME OF FATHER William Ducharme

18 BIRTHPLACE OF FATHER (City) Barre
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Lillian Claremore

20 BIRTHPLACE OF MOTHER (City) Barre
(State or country) Vermont

21 Informant Sheldon C. Meaker
(Address) Winthrop, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED October 24, 1956

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145



PLACE OF DEATH

SUFFOLK
BOSTON
(County)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATHRegistered No. **8893206**

No. **52 Brookledge** (If death occurred in a hospital or institution, St. { give its NAME instead of street and number})

2 FULL NAME **Samuel Slobodkin** (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. **233 Winthrop** St. **Winthrop, Mass** (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence **5** years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **October 4 1956**
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **viewed**, 19. to **Oct 4**, 19. **56** death is said to have occurred on the date stated above, at **7:30 P** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **POST MORTEM OPINION**Due To **Coronary Thrombosis**
(b)INTERVAL
BETWEEN
ONSET AND
DEATH**2 hrs**Due To **General Carcinomatosis**
(c)**4 yrs**OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? **No**
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) **W Shields**, M. D.
(Address) **Poston** Date **Oct 4 19 56**6 **Lawrence Ave Baker St W. Roxbury**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Oct 5 19 56**7 NAME OF FUNERAL DIRECTOR **W W Brezniak**
ADDRESS **Brookline, Mass.**Received and filed. **NOV 2 1956** 19.

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word) **WIDOWED**
MARRIED
WIDOWED
OR DIVORCED

10a If married, widowed or divorced
HUSBAND of **Rebecca Wise**
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **79** Years. Months. Days If under 24 hours
Hours. Minutes

13 Usual Occupation: **Retired**
(Kind of work done during most of working life)

14 Industry or Business: **Paint and Paper**

15 Social Security No. **--**

16 BIRTHPLACE (City)
(State or country) **Russia**

17 NAME OF FATHER **-- Slobodkin**

18 BIRTHPLACE OF FATHER (City)
(State or country) **Russia**

19 MAIDEN NAME OF MOTHER **--**

20 BIRTHPLACE OF MOTHER (City)
(State or country) **Russia**

21 Informant **Mrs. Jennie Brown**
(Address)

A TRUE COPY
ATTEST: **Charles H. Mackie**
(Registrar of City or Town where death occurred)

DATE FILED **Oct 8 19 56**

V.B.C.

NOV 20 1911

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

Mass. General Hospt.

No.

Agnes G Flynn

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

97 Grovers Ave.

(a) Residence. No.

(Usual place of abode)

St.

Winthrop Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....1.....months.....3.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Oct. 7/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 4

19 56

to

Oct. 7

19 56

I last saw him alive on

Oct. 7

19 56

death is said to

have occurred on the date stated above, at

1:15A

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Pyelonephritis, acute,
and chronic, left (rt. previously
resected)

Due To

(b)

5 Yrs

Ureteral obstruction

5 Yrs

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Papillary carcinoma of bladder

5 Yrs

Yes

Was autopsy performed?

What test confirmed diagnosis? autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

C L Clay

(Signed)

M. D.

(Address)

Mass. General Hospt

Date

19

6

Place of Burial or Cremation

Holy Cross - Malden Mass.

(City or Town)

DATE OF BURIAL

Oct. 10/56

19

7 NAME OF

FUNERAL DIRECTOR

W H McKenna

Somerville Mass.

ADDRESS

Received and filed

NOV 30 1956

19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

9002
207{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number){(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

MARRIED
WIDOWED Widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

John D Flynn

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 76 Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Somerville Mass.

17 NAME OF

FATHER

Charles P Mooney

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Agnes Lorimer

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant

(Address)

Mr John E Flynn

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Oct/10/56

19

NOV 80

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

SOM. 11-55-916145

PLACE OF DEATH

SUFFOLK
(County)BOSTON
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9179 208

No. Mass General Hospital

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Reah L. Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 10 Revere
(Usual place of abode)

Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death, 2 years, 7 months, 7 days. In place of residence, 34 years, months, days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 11 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Aug 2, 1956 to October 11, 1956.
I last saw him alive on Oct 11, 1956, death is said to
have occurred on the date stated above, at m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Mitral Stenosis

Years

Due To Rheumatic carditis
(b)

Years

Due To
(c)OTHER SIGNIFICANT CONDITIONS Pulmonary infarction
right.

Days

Was autopsy performed? Yes.
What test confirmed diagnosis? Autopsy.5 Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) C. L. Clay, M. D.
(Address) Asst Dir Mass Gen Date ---- 196 Mt. Lebanon West Roxbury, Mass
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 14 1956

7 NAME OF FUNERAL DIRECTOR Aaron Golov
ADDRESS Brookline, Mass.

Received and filed DEC 4 - 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED Divorced10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Walter D. Johnson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 46 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. ----

16 BIRTHPLACE (City) Poughkeepsie
(State or country) New York

17 NAME OF FATHER Jacob B. Freeman

18 BIRTHPLACE OF FATHER (City) Russia
(State or country)

19 MAIDEN NAME OF MOTHER Laura Brandow

20 BIRTHPLACE OF MOTHER (City) Oneonta
(State or country) New York21 Informant Jacob B. Freeman
(Address) Brookline, Mass.A TRUE COPY ATTEST: Charles H. Mackie
(Registrar of City or Town where death occurred)

DATE FILED Oct 17 1956



NORFOLK

The Commonwealth of Massachusetts

BROOKLINE

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

(County)
BROOKLINE

(City or Town)



COPY OF

CERTIFICATE OF DEATH

Registered No.

645 509

No. **Beth El Nursing Home**{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME **Etta Wolk (Woodman)**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran, **no**
if so specify WAR)(a) Residence. No. **15 Cross Street**
(Usual place of abode)St. **Winthrop, Massachusetts**

(If nonresident, give city or town and State)

Length of stay: In place of death **5** years.....months.....days. In place of residence **20** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **October 16 1956**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 30 1956, to October 16 1956I last saw her alive on **October 16 1956** death is said to
have occurred on the date stated above, at **7:10 a. m.**INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary Occlusion with
Myocardial Infarction****24 hrs**Due To (b) **Arteriosclerosis****10+ yrs**

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed?
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? **no**
If so, specify(Signed) **Harold Horwitz**, M. D.
1734 Beacon Street
(Address) **Brookline, Mass.** Date **Oct. 16 1956**6 **Oheil Jacob Cemetery, Woburn, Mass.**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **October 17 1956**7 NAME OF FUNERAL DIRECTOR **Morris W. Brezniak**
ADDRESS **470 Harvard St., Brookline, Mass.**Received and filed **NOV 14 1956** 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **female** 9 COLOR **white** 10 SINGLE (write the word)
MARRIED **widowed**
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of **Max Wolk**
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **87** Years.....Months.....Days If under 24 hours
.....Hours.....Minutes13 Usual Occupation: **Housewife**
(Kind of work done during most of working life)14 Industry or Business: **at home**

15 Social Security No.

16 BIRTHPLACE (City)
(State or country) **Russia**17 NAME OF FATHER **Israel Woodman**18 BIRTHPLACE OF FATHER (City)
(State or country) **Russia**19 MAIDEN NAME OF MOTHER **Dora (cannot be learned)**20 BIRTHPLACE OF MOTHER (City)
(State or country) **Russia**21 Informant **Mrs. M. Frank**
(Address) **80 Mountwood Rd, Swampscott, Mass.**

A TRUE COPY

ATTEST: **Carol J. Johnson**
(Registrar of City or Town where death occurred)DATE FILED **October 19 1956**

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

SOM. 11-55-916145

PLACE OF DEATH

1

R-302



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATHRegistered No. **9571 210**

PLACE OF DEATH

(County)

(City or Town)

No. **Boston City Hospt**St. {(If death occurred in a hospital or institution,
give its NAME instead of street and number)}2 FULL NAME **Ernest Bedard**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran, **WW I**
if so specify WAR)(a) Residence. No. **703 East 4th**
(Usual place of abode)St. **South Boston, Mass**
(If nonresident, give city or town and State)Length of stay: In place of death **11** years.....months.....days. In place of residence **11** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **October 25 1956**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept 26, 19**56**, to **Oct 25**, 19**56**.
I last saw h.....alive on **--**, 19....., death is said to
have occurred on the date stated above, at **7:55P** m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Fatty Nutritional Cirrhosis
in Decompensation****yrs**Due To (b) **Arteriosclerotic Heart
Disease****yrs**

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....(Signed) **I Merlis**, M. D.(Address) **Poston City Hospt 10-26** 19 **56**6 **Winthrop Cem** **Winthrop**
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Oct 29** 19 **56**7 NAME OF FUNERAL DIRECTOR **A J StLaurent**ADDRESS **Lynn, Mass**Received and filed **DEC 10 1956** 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word)
MARRIED
WIDOWED or DIVORCED **Married**10a If married, widowed, or divorced
HUSBAND of **Charlotte Peterson**
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 **69** Years **10** Months **16** Days
AGE If under 24 hours
Hours.....Minutes13 Usual Occupation: **Heel Shaver retired**
(Kind of work done during most of working life)14 Industry
or Business:15 Social Security No. **013-14-1955**16 BIRTHPLACE (City)
(State or country) **Canada**17 NAME OF FATHER **Adolphe Bedard**18 BIRTHPLACE OF FATHER (City)
(State or country) **Canada**19 MAIDEN NAME OF MOTHER **Hermine LaBrie**20 BIRTHPLACE OF MOTHER (City)
(State or country) **Canada**21 Informant **Wife**
(Address)

A TRUE COPY

ATTEST:
(Registrar of City or Town where death occurred)DATE FILED **Oct 30** 19 **56**

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

15610

4-29-18

5-8-19

Pvt.

Co. I 306th Inf.

2720523

R-301A

CERTIFICATE

F DEATH

t enter
than one
for each
b) and (c)es not mean
of dying,
art failure,
c. It means
r, or compli-
which causeds, if any,
ve rise to
ause (a),
he under-
use last.ons contrib-
ath but not
the terminal
dition givenChapter 137,
954, requires
s to print or
e cause or
f death on
ificates.

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 62 Washington Avenue

2 FULL NAME Grace Evelyn Fielding (Cross)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 62 Washington Avenue
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence 45 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 2, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

2/10 1952 to 11/2, 1956

I last saw him alive on 11/2, 1956 death is said to

have occurred on the date stated above, at 4.30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma both
BreastsDue To (b) metastasis to
BrainDue To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Biopsy

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) Winthrop A. Fitzgerald, M. D.

(Address) 116 Linden St. East Boston 1952

6 Winthrop Cemetery Winthrop, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 5, 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed. NOV 5 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 211

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED married
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of John William Fielding
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 57 Years 6 Months 22 Days If under 24 hours
Hours Minutes13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER George Edward Cross

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Julia Evelyn Walsh

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant John W. Fielding
(Address) 62 Washington Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

Official Designation Date of Issue of Permit

Rm. 11-55-9-56 11/3/56

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. *212*

No. *65 Sagamore Ave* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Stephen Campo* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *46 Sagamore Ave Winthrop* St. (If nonresident, give city or town and State)
Length of stay: In place of death.....years.....months.....days. In place of residence *3* years.....months.....days.

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) *W W I I*

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Nov - 4 - 1956*
(Month) (Day) (Year)
4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
*My patient was Heart Disease
acute Cardiac Distention*

5 Accident, suicide, or homicide (specify)
Date and hour of injury.....19.....
Where did injury occur?.....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place?
Manner of injury *Closed while digging near his house*
(Specify type of place) (How did injury occur)
Nature of injury *He died quickly*
While at work?..... Was autopsy performed?.....

6 Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *Dr. J. Brickley M.D.* M. D.
(Address) *Boston Nov 5 - 1956*

7 *Holy Cross* *Malden*
Place of Burial, or Cremation. (City or Town)
DATE OF BURIAL *Nov. 7,* 19*56*

8 NAME OF FUNERAL DIRECTOR *DiPietro & Vazza*
ADDRESS *11 Henry St., East Boston*

Received and filed *NOV 6 1956* 19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *MARRIED*
WIDOWED *Married* or DIVORCED
11a If married, widowed, or divorced, HUSBAND of *Yola Gallese*
(Give maiden name of wife in full)
(or) WIFE of..... (Husband's name in full)
12 IF STILLBORN, enter that fact here.
13 AGE *33* Years..... Months..... Days If under 24 hours
Hours..... Minutes
14 Usual Occupation: *Salesman*
(Kind of work done during most of working life)
15 Industry or Business: *Retail Dry Goods Store*
16 Social Security No. *Not Learned*
17 BIRTHPLACE (City) *East Boston*
(State or country) *Mass*
18 NAME OF FATHER *Paul Campo*
19 BIRTHPLACE OF FATHER (City).....
(State or country) *Italy*
20 MAIDEN NAME OF MOTHER *Angelina LoPilato*
21 BIRTHPLACE OF MOTHER (City).....
(State or country) *Italy*
22 *Paul Campo*
Informant (Address) *319 Sumner St., East Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Serranus
(Signature of Agent of Board of Health or other Health Officer) (Date of Issue of Permit) *11/6/56*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section, such physician or officer, shall forfeit ten dollars of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope, while under the influence of ether administered as a surgical anaesthetic." Fracture of the skull with associated internal injury sustained under circumstances unknown.

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

March 8, 1943

DATE OF DISCHARGE

Feb. 18, 1946

RANK, RATING

Corporal

ORGANIZATION AND OUTFIT

U S Air Force

SERVICE NUMBER

31 300 186

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Cambridge

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 1593213

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)



No. Holy Ghost Hospital

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Gertrude V. Nugent

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 60 Orlando Avenue
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 17 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 5, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Sept. 19 1956 to November 5, 1956
I last saw her on November 4, 1956 death is said to
have occurred on the date stated above, at 1:20p.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis

Due To (b) Carcinoma right breast

3 yrs.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harold T. Nash, Jr., M. D.

(Address) Holy Ghost Hosp. Date 11/5/1956

6 Holy Cross Cemetery Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 8, 1956

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed. DEC 4 - 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
Female White MARRIED
WIDOWED
or DIVORCED Single10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: School Teacher - Vice Prin.
(Kind of work done during most of working life)

14 Industry or Business: School Comm., City of Boston

15 Social Security No. None

16 BIRTHPLACE (City) East Boston
(State or country) Mass.

17 NAME OF FATHER Charles J. Nugent

18 BIRTHPLACE OF FATHER (City) Fairfield
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Jane V. Farley

20 BIRTHPLACE OF MOTHER (City) Salem
(State or country) Mass.21 Informant (Address) Thomas L. Farley
291 Pleasant St., Winthrop

A TRUE COPY

ATTEST: Frederick H. Runkle
(Registrar of City or Town where death occurred)

DATE FILED November 6, 1956

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-9161-45



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 214

No. Winthrop Community Hosp.

(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number})

2 FULL NAME Dearborn, Arthur Edwin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 86 Otis St., Winthrop
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 4 days. In place of residence 11 years 11 months 11 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 7 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
Nov. 7 5:20 AM to Nov 7 5:56 PM

I last saw him alive on Nov. 7 1956, death is said to
have occurred on the date stated above, at 3:10 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
12 hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Infarction

Due To Coronary occlusion
(b) 12 hrs.

Due To Arteriosclerosis
(c) 1 yr.

OTHER SIGNIFICANT CONDITIONS
Pulmonary Edema 12 hrs.

Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron N. King, M. D.

(Address) 222 Pleasant St. Date 11/8 1956

6 Swampscott Swampscott

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 10, 1956

7 NAME OF FUNERAL DIRECTOR H. L. Richardson
ADDRESS 48 Lafayette Park, Lynn

Received and filed NOV 13 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Married
WIDOWED or DIVORCED

10a If married, widowed, or divorced
HUSBAND of Gladys Webber
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 9 Months 12 Days If under 24 hours
Hours Minutes

13 Usual Occupation: Executive
(Kind of work done during most of working life)

14 Industry or Business: Warren Pike Association

15 Social Security No.

16 BIRTHPLACE (City) Medford, Mass.
(State or country)

17 NAME OF FATHER Dearborn, Simon

18 BIRTHPLACE OF FATHER (City) E. Parsonsfield
(State or country) Maine

19 MAIDEN NAME OF MOTHER Rand, Annie

20 BIRTHPLACE OF MOTHER (City) Portsmouth
(State or country) N. H.

21 Informant Gladys Dearborn
(Address) 86 Otis St.

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 11/8/56

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CTIONS
OR
CERTIFICATE

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Chapter 137,
54, requires
s to print or
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death on
ificates.

SOM-5-56-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

215

No. 10 Coral Ave

{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME

Ruben Gelman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

no

(a) Residence. No.

10 Coral Ave

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

Nov 1 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

June 1955 to Nov 7 1956

I last saw him alive on Nov 7 1956, death is said to

have occurred on the date stated above, at 2:00 p.m.

INTERVAL
BETWEEN
ONSET AND
DEATH

5 yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic
Heart Disease

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

None

Was autopsy performed?

no

What test confirmed diagnosis?

Clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass Date Nov 7 1956

6 Winthrop Cemetery, Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 8 1956

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

1668 Beacon St. Brooklyn

Received and filed NOV 8 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Lillian Boyer

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 79 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

meat marker
(Kind of work done during most of working life)

14 Industry

or Business:

Retired

15 Social Security No.

16 BIRTHPLACE (City)
(State or country)

Russia

17 NAME OF
FATHER

ABRAHAM Gelman

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Dinah (can not be learned)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Gertrude Bramson
10 Coral Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Health Officer

(Official Designation)

11/7/56

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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CERTIFICATEiving
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dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates.

50M-5-56-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

216

No. Mount's Convalescent Home

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)

2 FULL NAME Theodore M. Gilbert

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 190 1/2 Sumner
(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 10 months 10 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 14, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
3/19, 1956, to Nov. 14, 1956I last saw him alive on Nov. 12, 1956 death is said to
have occurred on the date stated above, at 10.30pm.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Chronic myocarditis
with failureINTERVAL
BETWEEN
ONSET AND
DEATH

3mos.

Due To Generalized arteriosclerosis
(b)

3yrs.

Due To Chronic Nephritis
(c)

3mos.

OTHER
SIGNIFICANT
CONDITIONS

no

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) *John J. Magrath*, M. D.

(Address) 327 Sumner St E. B. Date 11-16 1956

6 Woodlawn Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 17, 1956

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS East Boston

Received and filed NOV 16 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

male

white

MARRIED
WIDOWED
or DIVORCED

single

10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 87
AGE Years Months DaysIf under 24 hours
Hours Minutes13 Usual Occupation: seaman
(Kind of work done during most of working life)

14 Industry or Business: retired

15 Social Security No. 027-16-4236 A

16 BIRTHPLACE (City)
(State or country) Sweden

17 NAME OF FATHER Olaf Gilbert

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Sweden

19 MAIDEN NAME

OF MOTHER

Anna --

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Sweden

21 Informant Elsie Carlson

(Address) 190 1/2 Sumner St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:*Ralph C. Lescage*
(Signature of Agent of Board of Health or other)*Health Officer*
(Official Designation)11/16/56
(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATEiving
OF DEATHt enter
than one
for each
b) and (c)es not mean
of dying,
heart failure,
c. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
he under-
use last.ons contrib-
death but not
the terminal
dition givenChapter 137,
954, requires
s to print or
e cause or
f death on
ificates.

100M-11-35-916145

PLACE OF DEATH

1

Suffolk
(County)Winthrop
(City or Town)

No.

Winthrop Com. Hosp.

2 FULL NAME

Jane M. McCormack
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

122 Bowdoin St

St.

Boston

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....14 days. In place of residence.....75 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

NOV.

15

1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1956, to Nov 15, 1956

I last saw him alive on Nov 15, 1956, death is said to

have occurred on the date stated above, at 2:35 P.M.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

UREMIA

ACUTE MONOCYTIC LEUKEMIA L.W.K.S.

Due To

ARTERIO-SCLEROTIC HEART DIS.

2 YRS.

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No.

What test confirmed diagnosis? BLOOD TESTS & SMEARS

5 Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....

(Signed)

Myron H. King

M. D.

(Address)

222 PLEASANT ST. WINTHROP

Date 11/15/1956

6

Calvary

Place of Burial or Cremation

Boston

(City or Town)

DATE OF BURIAL

Nov 17

1956

7 NAME OF

FUNERAL DIRECTOR

Maurice W. Kirby

ADDRESS

Winthrop

Received and filed.....

NOV 16 1956

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Registered No.

217

{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

75

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Maintenance Operator

(Kind of work done during most of working life)

14 Industry

or Business:

Boston City Club

15 Social Security No.

024-07-9260

16 BIRTHPLACE (City)

Boston

(State or country)

17 NAME OF

FATHER

Thomas McCormack

18 BIRTHPLACE OF

FATHER (City)

Halifax N.S.

(State or country)

19 MAIDEN NAME

OF MOTHER

Jane Callahan

20 BIRTHPLACE OF

MOTHER (City)

Boston

(State or country)

21

Informant

(Address)

Marguerite McCarthy
91 Toward Rd WalthamI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Lippert
(Signature of Agent of Board of Health or other)

Health Officer

11/16/56
(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 218

PLACE OF DEATH

1

(County)

(City or Town)



No.

{(If death occurred in a hospital or institution,
St. [give its NAME instead of street and number])

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 7 months days. In place of residence 22 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/1, 1956, to 11/14, 1956

I last saw him alive on 11/14, 1956, death is said to

have occurred on the date stated above, at 11 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho PNEUMONIA

Due To

(b)

ARTERIO-SCLEROTIC
HEART DISEASE

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Date

11/18 1956

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

1956

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

NOV 19 1956

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 87 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

17 NAME OF

FATHER

18 BIRTHPLACE OF

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

21

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information, which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATH

not enter
than one
for each
(b) and (c)

does not mean
of dying,
heart failure,
etc. It means
e, or compli-
which caused

ns, if any,
ave rise to
cause (a),
the under-
ause last.

ions contrib-
death but not
the terminal
condition given

Chapter 137,
954, requires
as to print or
e cause or
f death on
ificates.

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 219

No. WINTHROP COMMUNITY HOSPITAL St. (If death occurred in a hospital or institution,
{give its NAME instead of street and number)

2 FULL NAME MORRIS LITNER (If deceased is a married, widowed or divorced woman, give also maiden name.)
{ PHYSICIAN - IMPORTANT
{ (Was deceased a
{ U. S. War Veteran, No
{ if so specify WAR)

(a) Residence. No. 252 SHIRLEY ST. WINTHROP St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In place of death years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH NOV. 26 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
DEC 13, 1955, to NOV. 26, 1956.
I last saw him alive on NOV. 26, 1956, death is said to
have occurred on the date stated above, at 8:50 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSION

INTERVAL
BETWEEN
ONSET AND
DEATH

15 MIN

Due To (b) ARTERIO-SCLEROTIC HEART DIS. 2 YRS.

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

DIABETES MELLITUS - 2 YRS.
RHEUMATOID ARTHRITIS - 3 YRS.
HEART BLOCK. - ?

Was autopsy performed? NO.

What test confirmed diagnosis? CLINICAL.

5 Was disease or injury in any way related to occupation of deceased?
If so, specify NO.

(Signed) Myron H. King, M. D.

(Address) 222 Pleasant St WINTHROP Date 11/27 1956

6 SHARON MEMORIAL PARK SHARON
Place of Burial or Cremation (City or Town)

DATE OF BURIAL NOV. 28 - 1956

7 NAME OF FUNERAL DIRECTOR Wm W Bregman
ADDRESS 470 HARVARD ST BROOKLINE

Received and filed NOV. 27, 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED WIDOWED MARRIED
or DIVORCED

10a If married, widowed, or divorced
HUSBAND of REBECCA KAMINSKY
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: RETIRED
(Kind of work done during most of working life)

14 Industry or Business: CIGAR MAKER

15 Social Security No.

16 BIRTHPLACE (City) ROMANIA
(State or country)

17 NAME OF FATHER ISRAEL LITNER

18 BIRTHPLACE OF FATHER (City) ROMANIA
(State or country)

19 MAIDEN NAME OF MOTHER ETTA (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) ROMANIA
(State or country)

21 Informant MRS. REBECCA LITNER
(Address) 252 SHIRLEY ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:
(Signature of Agent of Board of Health or other)
Health Officer 11/27/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATEiving
F DEATHt enter
an one
or each
) and (c)es not mean
of dying,
art failure,
c. It means
or compli-
which causeds, if any,
ve rise to
use (a),
he under-
use last.ns contrib-
ath but not
the terminal
dition givenChapter 137,
954, requires
s to print or
cause or
death on
tificates.

100M-11-35-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 52 Winthrop Street

2 FULL NAME. Mortimer Nickerson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

52 Winthrop Street

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 50 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 26 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
November 16 1956, to November 26 1956I last saw him alive on November 24 1956 death is said to
have occurred on the date stated above, at 3:00 am

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To Gastro- Enteritis

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS None

Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F. Collins M.D.

(Address) 27 Bennington St. Revere Nov. 26 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov. 28 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed NOV 27 1956 19.

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 220

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR White 10 SINGLE (write the word)
MARRIED Married
WIDOWED or DIVORCED10a If married, widowed, or divorced
HUSBAND of Gertrude Henderson
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 61 1 10 If under 24 hours
AGE Years Months Days Hours Minutes13 Usual Occupation: Secretary
(Kind of work done during most of working life)

14 Industry or Business: Pilots Commission

15 Social Security No. 028-07-3987

16 BIRTHPLACE (City) Clark Harbor
(State or country) Nova Scotia

17 NAME OF FATHER Nickerson

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Smith

20 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)21 Informant Gertrude Nickerson
(Address) 52 Winthrop St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Walter E. Leland
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/27/56 (Date of Issue of Permit)
V.I.R.V.

EXTRACTS
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS
OR
CERTIFICATE

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OF DEATH
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Chapter 137,
954, requires
s to print or
e cause or
f death on
ificates.

100M-11-35-916145

PLACE OF DEATH

1

Suffolk
(County)

Winthrop
(City or Town)

No. 144 Loring Rd.

2 FULL NAME

Charles E. Shea

(If deceased is a married, widowed or divorced woman, give also maiden name.)

144 Loring Rd.

(a) Residence. No.
(Usual place of abode)

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS



STANDARD CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

221

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 27, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Oct. 21, 1956, to November 27, 1956
I last saw him alive on November 7, 1956, death is said to

have occurred on the date stated above, at 11:50 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Larynx

INTERVAL
BETWEEN
ONSET AND
DEATH
8 yrs.

Due To
(b)

Due To
(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no
What test confirmed diagnosis? Biopsy 25 May 1956

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Date 29 Nov 1956

6 Oak Grove Medford
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 1, 1956

7 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
ADDRESS East Boston

Received and filed Nov. 30, 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED married

10a If married, widowed, or divorced
HUSBAND of Annie E. Mullen
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation: Truck driver
(Kind of work done during most of working life)

14 Industry or Business: retired

15 Social Security No.

16 BIRTHPLACE (City) Portland Maine
(State or country)

17 NAME OF FATHER Edward A. Shea

18 BIRTHPLACE OF FATHER (City) Bangor
(State or country) Maine

19 MAIDEN NAME OF MOTHER Margaret Friel

20 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Maine

21 Informant Annie E. Shea
(Address) 144 Loring Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Health Officer (Signature of Agent of Board of Health or other)
(Official Designation) 11/29/56
(Date of Issue of Permit)

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FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS
OR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
(b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
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dition givenChapter 137,
1954, requires
s to print or
cause or
of death on
ificates.

100M-11-55-9161-45

PLACE OF DEATH

Suffolk
(County)
Wentworth
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 222

No. Community Hospital St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Isabel Burnett (Ritchie)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55 Highland Ave
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months 4 days. In place of residence 4 years months 4 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Nov. 29 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
Feb. 52 19. Nov. 29 19.56
I last saw him alive on Nov. 29 19.56, death is said to
have occurred on the date stated above, at 6.05 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Cerebral Thrombosis

(a)

INTERVAL
BETWEEN
ONSET AND
DEATH

5 days

Due To Arterio-sclerotic
(b) heart disease

1 yr

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Osteoarthritis

4yrs

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Myron H. King M. D.

(Address) 222 Pleasant Street Date 11/29 19.56

6 Wentworth Community Hospital
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 1 1956

7 NAME OF FUNERAL DIRECTOR Victoria J. Reynolds
ADDRESS 180 Wentworth St

Received and filed. DEC. 3. 19.56

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED MARRIED
WIDOWED WIDOW
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 73 Years 4 Months 25 Days
If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. 025-24-7007

16 BIRTHPLACE (City) State of Maine
(State or country) Scotland

17 NAME OF FATHER George Ritchie

18 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Marie Burnett

20 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country) Scotland21 Informant: Winfred Zaggen
(Address) 55 Highland AveI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 11/30/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a notation to that effect

50m. (f)-6-43-12056

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

En route to Mass. General Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph Peter Kaires

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

125 Cliff Ave. Winthrop

St.

(If nonresident, give city or town and State)

Length of stay: In hospital or institution
(Before death)

years

months

days

In this community

yrs.

mos.

days

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

MALE

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

widowed

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days If less than 1 day
Hours Minutes

Usual

9 Occupation:

Industry

10 or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country)

Unknown

13 NAME OF
FATHER

Unknown

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Unknown

15 MAIDEN NAME
OF MOTHER

Unknown

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Unknown

17

Informant
(Address)

Joseph P. Kaires
413 GARFIELD PL New Jersey

Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

223

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

(Was deceased a
U. S. War Veteran,
If so specify WAR)

(If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

April 21 1956
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)

Cerebral hemorrhage

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did

injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place? (Specify type of place)

Manner of
injury

Nature of
injury

While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Michael J. Russo, M. D.
(Address) 25 Park St Boston Date 4/21/56

22 St Michael Boston

Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Jan 3 1957 19

23 NAME OF
FUNERAL DIRECTOR

24 Fleet St Boston

Received and filed 2 1957 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which

it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Boston

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No. 9709 221

No. Jewish Memorial Hospt.

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Joseph Shuman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 6 Hutchins on

(Usual place of abode)

St. Winthrop Mass. (Was deceased a
U. S. War Veteran,
if so specify WAR)

Length of stay: In place of death 3 months 19 days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

Oct. 29/56

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

July 10, 56

to

Oct. 29, 56

19

I last saw him live on Oct. 29, 1956, death is said to

have occurred on the date stated above, at 10:50 PM.

INTERVAL
BETWEEN
ONSET AND
DEATH

10 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bilateral broncho pneumonia

Due To

(b)

Basilar artery thrombosis

4 Mos.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Physical exam. xray

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

Henry W Polchipek

M. D.

(Address)

Jewish Memorial Hospt 10-29-56

Date 19

6

Place of Burial or Cremation

Tifereth Israel of Everett - Everett Mass.

(City or Town)

DATE OF BURIAL

Oct. 31/56

19

7 NAME OF

FUNERAL DIRECTOR

H J Torf

ADDRESS

Chelsea Mass.

Received and filed

JAN 2 1957

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Pauline Grossman

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE

65

Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Tailor

(Kind of work done during most of working life)

14 Industry

or Business:

Ladies Clothing

15 Social Security No.

011-05-8042A

16 BIRTHPLACE (City)

Russia

(State or country)

17 NAME OF

FATHER

Usher Shuman

18 BIRTHPLACE OF

FATHER (City)

Russia

(State or country)

19 MAIDEN NAME

OF MOTHER

Anna ----

20 BIRTHPLACE OF

(City)

Russia

(State or country)

21

Informant

(Address)

Bernard Shuman

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Nov. 1/56

19

V.B.V.

1

PLACE OF DEATH

Middlesex

(County)

Lowell LOWELL

(City or Town)

Axon Nursing Home

No.

Ethel W. Wile (nee Hanlin)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

83 Lincoln St.

(a) Residence, No.

(Usual place of abode)

5

St.

(Winthrop, Mass.)

46

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Nov. 1, 1956

(Month)

(Day)

(Year)

I HEREBY CERTIFY That I attended deceased from

Sept. 1, 1955 to Nov. 1, 1956

I last saw him alive on Nov. 1, 1956

death is said to have occurred on the date stated above, at 11:15 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart disease

INTERVAL
BETWEEN
ONSET AND
DEATH

mos.

Due To

(b)

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? no physical-electrocardiogram

What test confirmed diagnosis? gram NO

5 Was disease or injury in any way related to occupation of deceased? If so, specify

Samuel A. Dibbins

(Signed)....., M. D.

(Address) 25 Bird St. Date 11-2-1956

6 Place of Burial or Cremation (City or Town)

Winthrop, Mass.

DATE OF BURIAL Nov. 5, 1956

7 NAME OF FUNERAL DIRECTOR Walter E. Medlund

ADDRESS 90 Bedford Street

Received and filed DEC 11 1956

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

LOWELL

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

225

1030

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

widowed

10a If married, widowed, or divorced

HUSBAND of

Harry E. Wile

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

74

4

13

AGE.....Years.....Months.....Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

At home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

East Port Medway
Nova Scotia

17 NAME OF

FATHER

Ozias Hanlin

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Catherine Clattenburg

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Nova Scotia

21

Informant

(Address)

Horace E. Wile
727 E. Merrimack St.

A TRUE COPY

ATTEST:

William H. Sullivan
(Registrar of City or Town where death occurred)

DATE FILED

Nov. 5, 1956

19

V.P.C.

1000

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

RECEIVED

(City or Town making this return)

Suffolk

(County)

Revere

(City or Town)

COPY OF CERTIFICATE OF DEATH

Registered No.

226

No. Grover Manor Hospital

{ (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME. Annie M. Ferrins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 31 Belcher St.
(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. 1 years. 40 months. 1 days. In place of residence 40 years. 40 months. 1 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 2, 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from
June 30 1956 to November 2 1956
I last saw her alive on November 2 1956 death is said to
have occurred on the date stated above, at 4:55 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

Due To Generalized Arterio-
(b) sclerosis

several
years

Due To
(c)

OTHER SIGNIFICANT CONDITIONS Obesity many years
Arthritis several years

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Collins, M.D.

(Address) 27 Pennington St. 11/3 1956

St. Patrick's Watertown

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 6, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop, Mass.

Received and filed. DEC 11 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED Single
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years Months Days If under 24 hours
Hours Minutes

13 Usual Occupation Retired
(Kind of work done during most of working life)

14 Industry or Business Housekeeper

15 Social Security No.

16 BIRTHPLACE (City) Ireland
(State or country)

17 NAME OF FATHER James Ferrins

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Katherine Grady

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mary McIntyre
(Address) 31 Belcher St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED November 6, 1956

Copies of returns of deaths which occurred in another city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

MIDDLESEX

(County)

NEWTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

NEWTON

(City or town making return)

Registered No.

502 227

No. Newton Wellesley Hospital

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

2 FULL NAME Abraham N. Flanders

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran, No
if so specify WAR)(a) Residence. No. 234 River Road
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence. 35 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 7 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)
Coronary Sclerosis5 Accident, suicide, or homicide (specify) Natural
Date and hour of injury 8:30 pm 11.7 19 56Where did
Injury occur? Newton, Mass.
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public
place? Street in Auto
(Specify type of place)Manner of
Injury Collapse in Auto
(How did injury occur?)Nature of
Injury Heart

While at work? No Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify John J. Kraw M. D.
(Signed) 421 High St. Dedham Date 11/7 19 56
(Address)7 Har Moriah West Roxbury
Place of Burial, or Cremation (City or Town)

DATE OF BURIAL November 8 19 56

8 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard Street, Brookline.

Received and filed. November 8 19 56

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX M 10 COLOR OR RACE W 11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married11a If married, widowed, or divorced
HUSBAND of Esther Schwam
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 70 Years Months Days If under 24 hours
Hours Minutes14 Usual Occupation Furrier
(Kind of work done during most of working life)15 Industry Fur Shop
or Business

16 Social Security No. 025-12-1040

17 BIRTHPLACE (City) Poland
(State or country)

18 NAME OF FATHER Solomon Flanders

19 BIRTHPLACE OF FATHER (City) Poland
(State or country)

20 MAIDEN NAME OF MOTHER Esther Wallenberg

21 BIRTHPLACE OF MOTHER (City) Poland
(State or country)22 Informant Esther Flanders
(Address) 234 River Road, Winthrop

A TRUE COPY.

ATTEST: Monte R. Bosbas
(Registrar of City or Town where death occurred)

DATE FILED November 8 1956

U.B.V.

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

SEP 1957

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Grover Manor Hospital

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Revere

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

228

{ (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Alice McNaught (Collins)
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 92 Plummer Avenue
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 10 days. In place of residence.....years.....months 50 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 13, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov. 3, 1956, to Nov. 13, 1956
I last saw her alive on Nov. 13, 1956, death is said to
have occurred on the date stated above, at 9:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia

Due To Carcinoma of ovaries
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Pathology5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) James F. Burns, M. D.
537 Broadway
(Address) Everett Date 11/13/566 Winthrop Winthrop
Place of Burial or Cremation (City or Town)
DATE OF BURIAL November 16, 19567 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed DEC 1 1956 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED Married
or DIVORCED10a If married, widowed, or divorced
HUSBAND of

(Give maiden name in full)

(or) WIFE of John A. McNaught
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 7 Months 15 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) England
(State or country)

17 NAME OF FATHER Henry Collins

18 BIRTHPLACE OF FATHER (City) England
(State or country)

19 MAIDEN NAME OF MOTHER Jessie Penlington

20 BIRTHPLACE OF MOTHER (City) England
(State or country)21 Informant John A. McNaught
(Address) 92 Plummer Ave., Winthrop

A TRUE COPY

ATTEST: Joseph J. Shields
(Registrar of City or Town where death occurred)

DATE FILED November 16, 1956



PLACE OF DEATH

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

229

COPY OF
CERTIFICATE OF DEATH

Registered No. 10341

(County)

(City or Town)

No. Faulkner Hospt

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary Bornstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No. 493 Shirley

(Usual place of abode)

St. Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 12 days. In place of residence. 40 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 16 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Nov 4, 1956 to Nov 16, 1956
I last saw h. alive on Nov 16, 1956 death is said to
have occurred on the date stated above, at 7:50A m.INTERVAL
BETWEEN
ONSET AND
DEATH

10 mins

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Embolus

Due To
(b)

Thrombophlebitis

Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Cholecystitis,
Cholelithiasis

Was autopsy performed? Yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J C Lonergan, M. D.

(Address) Faulkner Hospt Date 11-16 1956

6 Winthrop Cem Everett
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 18 1956

7 NAME OF FUNERAL DIRECTOR A Golov
ADDRESS Brookline, Mass

Received and filed DEC 21 1956

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Morris Bornstein
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years. Months. Days If under 24 hours
Hours. Minutes13 Usual Occupation: Housework
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. --

16 BIRTHPLACE (City) Lithuania
(State or country)

17 NAME OF FATHER Wilton Kabatchnick

18 BIRTHPLACE OF FATHER (City) Lithuania
(State or country)

19 MAIDEN NAME OF MOTHER Fella --

20 BIRTHPLACE OF MOTHER (City) Lithuania
(State or country)21 Informant: Manuel H Miller
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Nov 23 1956

12. 1. 1914

1. 1. 1914

1. 1. 1914

1. 1. 1914

1. 1. 1914

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF CERTIFICATE OF DEATH

Registered No. **10724**

PLACE OF DEATH

(County)

(City or Town)

No.

Copley Hospt

St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME.

Rose Staller

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No.

83 Shore Drive

St.

Winthrop, Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months **13** days. In place of residence **15** years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

November 17 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 5, 19 **56**, to **Nov 16**, 19 **56**

I last saw h.....alive on **Nov 16**, 19 **56** death is said to

have occurred on the date stated above, at **3:00A** m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Generalized Arterio-sclerosis with heart disease yrs**

Due To

(b) **Cerebral hemorrhage**

6 wks

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? **No**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **M B Rosenthal**

M. D.

(Address) **941 Worton St** Date **11-17** 19 **56**

6 **Jewish Alliance**

Danvers

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Nov 18 19 **56**

7 NAME OF

FUNERAL DIRECTOR

A Golov

ADDRESS

Brookline, Mass

Received and filed

Dec. 20, 1956

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

W

10 SINGLE (write the word)

**MARRIED
WIDOWED
or DIVORCED**

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

Michael Staller

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

69

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF FATHER

Noah Baskin

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Esther --

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Husband

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Nov 21

19

56

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-301A

INSTRUCTIONS
FOR
CERTIFICATEgiving
OF DEATHnot enter
than one
for each
b) and (c)does not mean
of dying,
heart failure,
etc. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
the under-
ause last.ons contrib-
eath but not
the terminal
dition givenChapter 137,
954, requires
s to print or
cause or
f death on
ificates.

50M-5-56-917973

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Winthrop Community Hosp.

No. 40 Lincoln St.

2 FULL NAME Mrs. Alice Babb (Pease)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 15 Pearl Ave., Winthrop Mass.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 20 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 1 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
11-23, 1956, to 12-1, 1956I last saw her alive on December 1, 1956, death is said to
have occurred on the date stated above, at 11:20 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL INSUFFICIENCY Nov. 23, 1956

INTERVAL
BETWEEN
ONSET AND
DEATHDue To ARTERIOSCLEROTIC HEART
(b) DISEASE 7 yearsDue To
(c)OTHER SIGNIFICANT CONDITIONS INTERTROCANTERIC FRACTURE
LEFT HIP WITH PLATE REPAIR Aug 1955

Was autopsy performed? No

What test confirmed diagnosis? EKG - X-RAY

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave. Date 12/1 1956
Winthrop, Mass.6 Place of Burial or Cremation Seaview Rockland Me.
(City or Town)

DATE OF BURIAL December 5 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
ADDRESS Winthrop Mass

Received and filed Dec. 3 1956

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent

Registered No. 231

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)(PHYSICIAN - IMPORTANT)
(Was deceased a
U. S. War Veteran,
if so specify WAR) N

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Widowed10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Edgar O. Babb
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 87 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 16 BIRTHPLACE (City) Rockland
(State or country) Maine

17 NAME OF FATHER Pease

18 BIRTHPLACE OF FATHER (City) Rockland
(State or country) Maine

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country)21 Informant Frank McAuliffe
(Address) 15 Pearl Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Dec. 3, 1956

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

No. 39 Grovers Avenue, Winthrop

STANDARD CERTIFICATE OF DEATH

Registered No. 232

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Mary L. White (Phelan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a
U. S. War Veteran, No
if so specify WAR)

(a) Residence. No. 15 Sunset Road, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 1 years 6 months days. In place of residence. 16 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 1 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h alive on 19, death is said to
have occurred on the date stated above, at 4:30 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary
(b) Occlusion

Due To Arteriosclerotic Heart
(c) Disease

OTHER
SIGNIFICANT
CONDITIONS Hypertension

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Board of Health Date Dec 1 1956

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 4th 1956

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 1 - 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
Female White MARRIED
WIDOWED or DIVORCED Married

10a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Hugh White
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 3 Months 16 Days If under 24 hours
Hours Minutes

13 Usual Occupation: At home Housewife
(Kind of work done during most of working life)

14 Industry or Business: Housewife

15 Social Security No. None

16 BIRTHPLACE (City) Worcester
(State or country) Mass.

17 NAME OF FATHER Richard Phelan

18 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

19 MAIDEN NAME OF MOTHER Mary Donnell

20 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

21 Informant Mr. Hugh White-husband
(Address) 15 Sunset Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer 12/3/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

(County)

(City or Town)

No.

Mass General Hospt

2 FULL NAME

Philip H Butler

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

19 Lowell Rd

(Usual place of abode)

St.

Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence. 2 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

December 2 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov 30 19 56 to Dec 2 19 56

I last saw h.....alive on Dec 2, 19 56 death is said to

have occurred on the date stated above, at 10:55A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Lobar Pneumonia, right
lower lobeINTERVAL
BETWEEN
ONSET AND
DEATH

4 days

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C L Clay, M. D.

(Address) Mass Genl Hospt Date -- 19

6 Winthrop Cem Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 5 19 56

7 NAME OF FUNERAL DIRECTOR M W Kirby

ADDRESS Winthrop, Mass

Received and filed JAN 14 1957 19

(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

233

COPY OF
CERTIFICATE OF DEATH

Registered No. 10302

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of Agnes Milligan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

65

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Shipping

15 Social Security No.

East Boston

16 BIRTHPLACE (City)
(State or country)

Mass

17 NAME OF
FATHER

William Butler

S
T
N
P
A
R
E
E

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Nova Scotia

19 MAIDEN NAME

OF MOTHER

Josephine Shaffer

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

East Boston

Mass

21

Informant

(Address)

Anna Anderson

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Dec 6 19 56

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



R-301A

CTIONS
OR
CERTIFICATE

iving

F DEATH

t enter
han one
for each
b) and (c)es not mean
of dying,
art failure,
c. It means
or compli-
which causeds, if any,
ve rise to
ause (a),
he under-
use last.ons contrib-
ath but not
the terminal
dition givenChapter 137,
54, requires
s to print or
cause or
death on
ificates.

100M-11-65-916148

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

231

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No.

255 Pleasant

St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Louise Margaret Wheeler (Dauy)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

(a) Residence. No.

255 Pleasant

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 17 years.....months.....days. In place of residence 15 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF
DEATHDEC. 4 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY.

That I attended deceased from

DEC 26 1951 to DEC 4 1956

I last saw her alive on DEC 4 1956, death is said to

have occurred on the date stated above, at 2:40 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH
1 HR.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

Due To

ARTERIO-SCLEROTIC HEART
DIS.

5 YRS.

Due To

(c)

OTHER
SIGNIFICANT
CONDITIONSDIABETES MELLITUS
CHRONIC ECZEMA3 YRS.
6 YRS.

Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

Thompson R. King

M. D.

(Address)

222 PLEASANT ST. WINTHROP

Date

12/5 1956

6

Place of Burial or Cremation

DATE OF BURIAL

Dec 7

1956

7 NAME OF

FUNERAL DIRECTOR

Victor A. Reynolds

ADDRESS

180 WINTHROP ST.

Received and filed

DEC 1956

19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female White

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Joshua S. Wheeler
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

82 Years 11 Months 15 Days

If under 24 hours
Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At Home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

St. John
New Brunswick

17 NAME OF

FATHER

Charles Dauy

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Unable to obtain
England

19 MAIDEN NAME

OF MOTHER

Margaret MacLean

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Unable to obtain
Scotland

21

Informant

(Address)

Selma Kendall
255 Pleasant StI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

12/6/56

(Official Designation)

(Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk
(County)Winthron
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No.

235

No. Bay View Nursing Home

{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME. Mary Frances Bolles
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 41 Washington Avenue

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years.....months.....days. In place of residence 5 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 10 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
March 21, 1951 to December 10, 1956I last saw her alive on December 9, 1956 death is said to
have occurred on the date stated above, at 4-15 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) acute myocardial
insufficiencyDue To (b) Arteriosclerotic Heart
Disease

Due To (c) General Arteriosclerosis

INTERVAL
BETWEEN
ONSET AND
DEATH5 days
known5 years
known

5 years

OTHER
SIGNIFICANT
CONDITIONS noneWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Joseph Cheney Appleton, M. D.

(Address) 197 Woodside Ave. Date Dec. 11 1956

6 Winthron Cemetery Winthron, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 12 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthron St. Winthron, Mass.

Received and filed. DEC 11 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED

female white

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 8 Months 15 Days
If under 24 hours
.....Hours.....Minutes13 Usual Occupation: housework
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Boston
(State or country) Mass.

17 NAME OF FATHER James Bolles

18 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country)

19 MAIDEN NAME OF MOTHER Anna Post

20 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country)21 Informant James R. H. Lowson
(Address) 140 Cironit Rd. WinthronI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Mass. Ralph C. Siskanne
(Signature of Agent of Board of Health or other)Health Officer 12/12/56
(Official Designation) (Date of Issue of Permit)

V.L.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

TIONS
R
CERTIFICATE

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DEATH

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e terminal
ition given

Chapter 137,
54, requires
to print or
cause or
death on
ificates.

100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

236

STANDARD CERTIFICATE OF DEATH

Registered No. 236

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



No. 26 Emerson Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Effie Seabury
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 26 Emerson Road St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 39 years months days. In place of residence 39 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 15 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1956, to Dec. 15, 1956.
I last saw him alive on December 14, 1956, death is said to have occurred on the date stated above, at 5:30 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic heart disease

Due To (b) Arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Aortic Stenosis

Was autopsy performed? no
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify.

(Signed) S. W. Dickinson, M. D.
(Address) 89 Somerset Ave Date Dec. 16, 1956

6 Winthron Cemetery Winthron, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 17 1956

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed DEC 17 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED married or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Stanley Harvey Seabury (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 0 Months 11 Days If under 24 hours Hours Minutes

13 Usual Occupation: housewife (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none Lowell

16 BIRTHPLACE (City) Mass. (State or country)

17 NAME OF FATHER Ethelbert Proctor

18 BIRTHPLACE OF FATHER (City) Maine (State or country)

19 MAIDEN NAME OF MOTHER Hannah Grinnell

20 BIRTHPLACE OF MOTHER (City) Liberty (State or country) Maine

21 Informant Stanley H. Seabury (Address) 26 Emerson Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Health Officer (Signature of Agent of Board of Health or other)

12/17/56 (Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CTIONS
OR
CERTIFICATE

giving
OF DEATH
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han one
for each
b) and (c)

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of dying,
part failure,
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he under-
use last.

ons contrib-
eath but not
the terminal
dition given

Chapter 137,
54, requires
s to print or
cause or
death on
ificates.

100M-11-55-916145

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

104 Highland Ave. Mounds Cemetery

2 FULL NAME Florence L (Aikens) Tewksbury

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Waldemar Ave.

(Usual place of abode)

2

St. 58

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 15 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Oct. 26 1955 to DEC. 15 1956

I last saw her alive on DEC. 14 1956 death is said to have occurred on the date stated above, at 4:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC HEART DISEASE

INTERVAL
BETWEEN
ONSET AND
DEATH

5 YRS.

Due To (b) GENERALIZED

ARTERIOSCLEROSIS

9 YRS.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONSCEREBRAL ARTERIOSCLEROSIS 24 YRS
DECUBITUS ULCER 1 YR.

Was autopsy performed? NO.

What test confirmed diagnosis CLINICAL & LABORATORY

5 Was disease or injury in any way related to occupation of deceased? NO.
If so, specify

(Signed) Maurice Tranter Jr., M. D.

(Address) 562 SHIRLEY ST. WINTHROP DEC. 15 1956

6 Winthrop Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 17 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed DEC 17 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 237

(If death occurred in a hospital or institution,
St. (give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)
Female White MARRIED
WIDOWED or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Arthur S Tewksbury
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 4 Months 9 Days If under 24 hours
Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Springfield
(State or country) Mass.

17 NAME OF FATHER Thomas Aikens

18 BIRTHPLACE OF FATHER (City)
(State or country) Vermont

19 MAIDEN NAME OF MOTHER Frances A Jenks

20 BIRTHPLACE OF MOTHER (City) Brookfield
(State or country) Mass.21 Informant Arthur S Tewksbury
(Address) 52 Waldemar Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 12/17/56
(Official Designation) (Date of Issue of Permit)

V.V.V.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-
teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301A

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954, requires
s to print or
cause or
death on
ificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

101 Upland Rd.

No.

2 FULL NAME Gerald F. Burns

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 101 Upland Rd.
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h.....alive on....., 19....., death is said to
have occurred on the date stated above, at 10:20 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 1. Natural CausesDue To 2. Presumably Coronary Occlusion
(h)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? noWhat test confirmed diagnosis? no5 Was disease or injury in any way related to occupation of deceased? no
If so, specify.....(Signed) Arthur C. Murray M. D.Winthrop Board of Health 17 Dec 19566 Holy Cross Malden
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec. 19 19567 NAME OF FUNERAL DIRECTOR Frederick J. McGrath
ADDRESS East BostonReceived and filed. DEC 17 1956 19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.Registered No. 238{ (If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) no

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Lillian Rice
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Bus driver
(Kind of work done during most of working life)14 Industry or Business: M. T. A.15 Social Security No. 024-10-338116 BIRTHPLACE (City) Chelsea
(State or country) Mass.17 NAME OF FATHER Thomas Burns18 BIRTHPLACE OF FATHER (City).....
(State or country) Ireland19 MAIDEN NAME OF MOTHER Catherine Lillis20 BIRTHPLACE OF MOTHER (City).....
(State or country) Taunton Mass.21 Informant Marion White
(Address) 101 Upland Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Ralph G. Sebastian
(Official Designation) (Date of Issue of Permit) 12/18/56

100M-11-55-916145

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (i. l.))

PLACE OF DEATH

Norfolk

(County)

Norwood

(City or Town)



The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

Norwood

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 239

No. Norwood Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Nolan (McPherson)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Moore

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 7 years months days. In place of residence 40 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 17, 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec. 10 1956 to Dec. 17 1956

I last saw her alive on Dec. 16 1956, death is said to

have occurred on the date stated above, at 3:30 A.m.

INTERVAL BETWEEN ONSET AND DEATH

7 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral hemorrhage

Due To (b)

Arteriosclerosis

Due To (c)

OTHER SIGNIFICANT CONDITIONS Chronic Myocarditis 2 Yrs.

Was autopsy performed? No
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) T. H. O'Toole M. D.

(Address) Norwood, Mass. Date 12/17/56

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 20, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley
Winthrop, Mass.

ADDRESS DEC 21 1956

Received and filed. 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED Widowed WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James W. Nolan (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Charlestown (State or country) Mass.

17 NAME OF FATHER Roderick McPherson

18 BIRTHPLACE OF FATHER (City) Nova Scotia (State or country)

19 MAIDEN NAME OF MOTHER Mary Mahan

20 BIRTHPLACE OF MOTHER (City) Upton (State or country) Mass.

21 Informant John Nolan (Address) 205 Cliff St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED December 18, 1956

V.A.V

1000

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Chapter 137,
54, requires
to print or
cause or
death on
ificates.

100M-11-55-916-45

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

340

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthron

(City or Town)



No. Bay View Nursing Home
41 Washington Ave.

St. { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Helen Frances Gardner
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) NO.

(a) Residence. No. 52 Orlando Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years 4 months. days. In place of residence. 55 years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 18 1956
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from
December, 1946, to December 18, 1956
I last saw her alive on December 18, 1956, death is said to

have occurred on the date stated above, at 11:15 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL
BETWEEN
ONSET AND
DEATH

7 HOURS

Due To Cerebral Sclerosis
(h)

34 years

Due To Arteriosclerosis
(c)

10 years

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Worothy Cheney Appleton, M. D.

(Address) 197 Woodside Dr. Dec 20, 1956
Winthrop, Mass.

6 Winthron Cemetery Winthron
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 22 1956 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthron St. Winthrop,

Received and filed DEC 21 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED married
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles Russell Gardner
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 5 Months 26 Days
If under 24 hours
..... Hours Minutes

13 Usual Occupation: housewife
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Worcester
(State or country) Mass.

17 NAME OF FATHER Edward Bradford Hubbard

18 BIRTHPLACE OF FATHER (City) Worcester
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Harriet Tarpan

20 BIRTHPLACE OF MOTHER (City) Gilmanton
(State or country) N.H.

21 Informant Edwin R. Gardner
(Address) 4 Walnut Rd. Swanscott

I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

Mass. Ralph E. Sullivan
(Signature of Agent of Board of Health or other)

Health Officer 12/21/56
(Official Designation) (Date of Issue of Permit)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK
(County)Winthrop
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No.

241

No. ELIZABETH MURPHY ROST HOME St. (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME ANTHONY SCULCO SCULCO
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR) 4/0(a) Residence. No. 4 Tremont street St. Chelsea MASS
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death..... years 6 months..... days. In place of residence..... years..... months..... days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 23 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from
JAN 15, 1940 to Dec 23, 1956
I last saw him alive on Dec 21, 1956, death is said tohave occurred on the date stated above, at 9:15 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSIONINTERVAL
BETWEEN
ONSET AND
DEATH4 DAYSDue To MYO CARDITIS(b) 5 YRSDue To ARTERIO-SCLEROSIS(c) 10 YRSOTHER
SIGNIFICANT
CONDITIONS ARTHRITIS10 YRSWas autopsy performed? NoWhat test confirmed diagnosis? No5 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) N. D. Giannetto, M. D.(Address) 140 Suffolk Ave Date Dec 23 19566 Holy Cross WALDEN
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec 26 19567 NAME OF FUNERAL DIRECTOR Saharav C. Payanth
ADDRESS 314 Washington Ave ChelseaReceived and filed DEC 27 1956 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of _____
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years _____ Months _____ Days
If under 24 hours
_____ Hours _____ Minutes13 Usual Occupation: Retired
(Kind of work done during most of working life)14 Industry
or Business: _____

15 Social Security No. _____

16 BIRTHPLACE (City)
(State or country) ITALY17 NAME OF FATHER Gregorio18 BIRTHPLACE OF FATHER (City)
(State or country) ITALY19 MAIDEN NAME OF MOTHER Teresca Torchia20 BIRTHPLACE OF MOTHER (City)
(State or country) ITALY21 Informant SALVATORE COSCO (Nephew)
(Address) EVERETTI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/25/56

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

Middlesex

PLACE OF DEATH

1

Reading

(County)

(City or Town)

No.

4 Barrows Road

2 FULL NAME

Ethel Eudora Bauer (Boner)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

108A Quincy Avenue

(a) Residence. No.

(Usual place of abode)

2

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCOPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Reading

(City or town making return)

Registered No.

242

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)(Was deceased a
U. S. War Veteran,
if so specify WAR).....NO

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 24 1956

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows: (If an injury was involved, state fully.)Heart disease - presumably
coronary sclerosis - sudden death

5 Accident, suicide, or homicide (specify).....No

Date and hour of injury.....19.....

Where did

Injury occur?.....

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public
place?.....

(Specify type of place)

Manner of

Injury.....

(How did injury occur?)

Nature of

Injury.....

While at work?.....No

Was autopsy performed?.....no

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

Thomas P. Devlin

(Signed).....

(Address).....

Stoneham

Date.....

12/24 56

Winthrop Cem/ Winthrop, Mass.

7 Place of Burial, or Cremation.....

December 27

(City or Town)

56

DATE OF BURIAL.....

8 NAME OF

FUNERAL DIRECTOR.....

Alfred B. Marsh

ADDRESS.....

174 Winthrop St., Winthrop

Received and filed.....

DEC. 28, 1956

19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX
female10 COLOR OR RACE
white11 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED
widowed

11a If married, widowed, or divorced

HUSBAND of.....

(Give maiden name of wife in full)
Frank Ferdinand Bauer

(or) WIFE of.....

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 72

3

26

AGE.....Years.....Months.....Days

If under 24 hours

.....Hours.....Minutes

14 Usual

Occupation:.....

Housework

(Kind of work done during most of working life)

15 Industry

or Business:.....

own home

705-12-9982-A

16 Social Security No.....

Mystic

17 BIRTHPLACE (City).....

Conn.

(State or country)

Charles Lincoln Boner

18 NAME OF

FATHER

19 BIRTHPLACE OF

Ashland

FATHER (City)

Philadelphia

(State or country)

20 MAIDEN NAME

OF MOTHER

Stella Denison

21 BIRTHPLACE OF

MOTHER (City)

Mystic

Connecticut

(State or country)

Mrs. Robert A. Walsh

22

Informant

(Address)

4 Barrows Rd Reading

A TRUE COPY

ATTEST:.....

(Registrar of City or Town where death occurred)

DATE FILED.....

DEC 27 1956

19.....

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

243

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)STANDARD
CERTIFICATE OF DEATH

Registered No.

No. 66 Wilshire Street

{(If death occurred in a hospital or institution,
St. {give its NAME instead of street and number)2 FULL NAME George K. Koritsas
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a
U. S. War Veteran, NO.
if so specify WAR)(a) Residence. No. 66 Wilshire Street
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 12 years months days. In place of residence 12 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 26 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____I last saw h____ alive on _____, 19____, death is said to
have occurred on the date stated above, at 12:10 Am.INTERVAL
BETWEEN
ONSET AND
DEATH

2 Hrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes
Presumably Coronary OcclusionDue To _____
(b) _____Due To _____
(c) _____OTHER
SIGNIFICANT
CONDITIONS _____Was autopsy performed? no
What test confirmed diagnosis? History of angina5 Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Board of Health Date Dec 26 19566 WINTHROP CEM. WINTHROP, MASS
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 28. 1956

7 NAME OF FUNERAL DIRECTOR Arthur C. Murray
ADDRESS 1642 Commonwealth Ave Boston

Received and filed DEC 28 1956

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED MARRIED10a If married, widowed, or divorced
HUSBAND of VASILINE (BESSIE) KOUTROUB
(Give maiden name of wife in full) Koutroubas(or) WIFE of _____
(Husband's name in full) Marriage Cert

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: SHOE
(Kind of work done during most of working life)

14 Industry or Business: REPAIRING, RETIRED

15 Social Security No. NONE

16 BIRTHPLACE (City)
(State or country) GREECE

17 NAME OF FATHER CONSTANTINOS KORITSAS

18 BIRTHPLACE OF FATHER (City)
(State or country) GREECE

19 MAIDEN NAME OF MOTHER CHRISTINA FAVE

20 BIRTHPLACE OF MOTHER (City)
(State or country) GREECE21 Informant VASILINE KORITSAS
(Address) 66 WILSHIRE ST. WINTHROP, MASSI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 12/27/56
(Official Designation) (Date of Issue of Permit)

K.B.V.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

PLACE OF DEATH

Worcester

(County)

RUTLAND

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

RUTLAND

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

244

No. Veterans Administration Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Norman Nicholson Coggeshall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW# 1

(a) Residence. No. 2 Jefferson
(Usual place of abode)

Winthrop, Mass.

nonresident, give city or town and State)

Length of stay: In place of death. 7 years. 7 months. 0 days. In place of residence. 0 years. 0 months. 0 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 29, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from May 29, 1956 to December 29, 1956
I last saw him alive on May 29, 1956, death is said to have occurred on the date stated above, at 4:02 p.m.INTERVAL BETWEEN ONSET AND DEATH
UnknDEATH WAS CAUSED BY: IMMEDIATE CAUSE
(a) Carcinoma of rectum with generalized metastases.Due To
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS

Tuberculosis, pulmonary, chronic, far adv., active. Unkn.

Was autopsy performed? Yes
What test confirmed diagnosis? Physical, x-ray & lab.

5 Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J.E. Keirans, Dir. Prof. Servs. M. D.
VAR Rutland Hgts, Mass. Date Dec. 30 1956
(Address) Woodlawn Cem., Everett, Mass.6 Place of Burial or Cremation (City or Town)
DATE OF BURIAL January 3, 19577 NAME OF FUNERAL DIRECTOR Edwin F. Miles for Frank H. Miles Co.
ADDRESS 1158 Main St., Holden, Mass.

Received and filed JAN 9 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Kathryn Goudey
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 55 Years 9 Months 24 Days If under 24 hours Hours Minutes

13 Usual Occupation: Construction Engineer
(Kind of work done during most of working life)

14 Industry or Business: Government Corps. of Eng's

15 Social Security No. 012-16-2952

16 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

17 NAME OF FATHER Samuel Wilds Coggeshall

18 BIRTHPLACE OF FATHER (City) New Bedford, Mass.
(State or country)

19 MAIDEN NAME OF MOTHER May Barton

20 BIRTHPLACE OF MOTHER (City) Worcester, Mass.
(State or country)21 Informant Hospital records
(Address)

A TRUE COPY

ATTEST: Linda A. Hanff
(Registrar of City or Town where death occurred)

DATE FILED December 30, 1956

Date of entering Military Service	June 23, 1917
Date of Discharge	August 1, 1919
Rank, rating	Apprentice Seaman
Organization and Outfit	Navy
Service number	121 88 96

R-301A

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100K-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

245

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 16 Emerson Road

2 FULL NAME Anna Laura Atkinson (Hackett)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Emerson Road

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. years. 3 months. days. In place of residence. years. 3 months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 30 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 25, 1956, to Dec. 30, 1956

I last saw her alive on Dec. 28, 1956, death is said to

have occurred on the date stated above, at 1 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) acute left ventric-
ular dilatation(b) myocardial
heart disease(c) arteriosclerosis
generalizedOTHER
SIGNIFICANT
CONDITIONS senilityINTERVAL
BETWEEN
ONSET AND
DEATH

minute

yrs

yrs

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Gregorie, M. D.

(Address) 104 Washington St., Boston, Mass. Date 1-5-57 19

6 Winthrop, Emerson Road Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan 2 1957

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano
ADDRESS 147 Winthrop St., Winthrop

Received and filed JAN 2 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)
MARRIED WIDOWED or DIVORCED married10a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Leonard C. Atkinson
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 78 Years 4 Months 2 Days If under 24 hours
AGE Hours Minutes13 Usual Occupation: Housewife
(Kind of work done during most of working life)

14 Industry or Business: Home

15 Social Security No.

16 BIRTHPLACE (City) Ottawa
(State or country) Canada

17 NAME OF FATHER Edward Hackett

18 BIRTHPLACE OF FATHER (City) Prince Edward Island
(State or country) Canada

19 MAIDEN NAME OF MOTHER Anna Margaret Fitzgibbons

20 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts21 Don L. Atkinson
Informant (Address) 26 Dwight Rd., SpringfieldI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 1/2/57

V.B.J.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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DOM-5-36-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 246

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,
St. give its NAME instead of street and number)2 FULL NAME Constantino DeFranzo
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a
U. S. War Veteran, no
if so specify WAR)(a) Residence. No. 146 Trenton Street St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death - years - months - days. In place of residence 15 years - months - days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC. 30 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
DEC 28 1956 to DEC. 30 1956
I last saw him on DEC 30, 1956, death is said to
have occurred on the date stated above, at 11:40 a.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

3 HRS.

Due To (b) DIABETES MELLITUS

5 YRS.

Due To (c)

OTHER
SIGNIFICANT
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John C. Canale, M. D.

(Address) 27 Santiago St. Date 12-30 1956

6 Holy Cross Cemetery, Malden
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 3, 1957

7 NAME OF FUNERAL DIRECTOR Vincent R. Rapino
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed JAN 5 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)
MARRIED
WIDOWED widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Anna DeLuca
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Retired
(Kind of work done during most of working life)

14 Industry or Business: -----

15 Social Security No. 023-01-6075

16 BIRTHPLACE (City) Italy
(State or country)

17 NAME OF FATHER (unk) DeFranzo

18 BIRTHPLACE OF FATHER (City) Italy
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Italy
(State or country)21 Informant: Alfonso DeFranzo (son)
(Address) 92 Maverick St., East Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Canale
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/3/57 (Date of Issue of Permit)

X

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CERTIFICATE

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100M-11-55-916145

The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

247

STANDARD
CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

SUFFOLK
(County)WINTHROP
(City or Town)

No. 88 PUTNAM ST

2 FULL NAME CARMINA C IANNAcone
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If death occurred in a hospital or institution,
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 88 PUTNAM ST
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 30 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h. alive on 4 P. m., 19, death is said to

have occurred on the date stated above, at 4 P. m.

INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary
(b) OcclusionDue To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? no
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Arthur C. McGarry M. D.
(Address) Board of Health
Date 31 Dec 19566 WINTHROP WINTHROP
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN 2 1957

7 NAME OF FUNERAL DIRECTOR Maurice W. Hubg
ADDRESS 210 WINTHROP ST WINTHROP

Received and filed JAN 2 1957 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR WHITE 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED MARRIED10a If married, widowed or divorced
HUSBAND of JOSEPHINE PETRALIA
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 44 Years Months Days If under 24 hours
Hours Minutes13 Usual Occupation: Meat Cutter
(Kind of work done during most of working life)

14 Industry or Business: General

15 Social Security No.

16 BIRTHPLACE (City) Boston
(State or country)

17 NAME OF FATHER BUY J IANNAcone

18 BIRTHPLACE OF FATHER (City) ITALY
(State or country)

19 MAIDEN NAME OF MOTHER GRACE (UNKNOWN)

20 BIRTHPLACE OF MOTHER (City) ITALY
(State or country)21 Informant: JOSEPHINE IANNAcone
(Address) 88 PUTNAM ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V.P.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Physicians: see explanatory instructions on face side of standard certificate of death.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(h)-10-48-24658

PLACE OF DEATH

1

(County)

(City or Town)



The Commonwealth of Massachusetts

 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 COPY OF
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

(City or town making return)

Registered No.

248

 No. _____ St. { (If death occurred in a hospital or institution,
 { give its NAME instead of street and number)

 2 FULL NAME _____
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 { (Was deceased a
 U. S. War Veteran,
 if so specify WAR.)

 (a) Residence. No. _____
 (Usual place of abode)

 St. _____
 (If nonresident, give city or town and State)

 Length of stay: In place of death _____ years _____ months _____ days
 In place of residence _____ years _____ months _____ days.

16B (Rev. 9/54)

16A

ISM-1011022 (54)

Certificate of Death 55-55-320820

FILED

Certificate No.

 1. NAME OF
 DECEASED
 (Print or Type-write)

JAMES

CROTTY

First Name

Middle Name

Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

Boro-Death

3

Institution

X800

Boro-Resid.

8

Area-Dist.

201341

Nativ. Des.

1

Cause 1

902

Cause 2

63 yrs.

Operation

0

Att.-Autop.

3

Comm.

1

Type Acid.

TV

Occurrence

3/2006

2 USUAL RESIDENCE: (a) State. MASS

(b) Co. SUFFOLK (c) Post Office and Zone. WINTHROP

(d) No. 25 WILSHIRE ST Ave.

(e) Length of residence or stay in City of New York immediately prior to death. NON-RES

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) OCTOBER 10 1893

5 AGE 63 yrs. If under 1 year If LESS than 1 day mos. days hrs. or min.

6 a. Usual Occupation (Kind of work done during most of working life, even if retired) SEAMAN

b. Kind of Business or Industry in which this work was done MERCHANT MARINE

7 SOCIAL SECURITY NO.

8 BIRTHPLACE (State or Foreign Country) NEW FOUNDLAND

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U. S. A.

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? YES 10b. IF YES, Give war or dates of service W. W. I

11 NAME OF FATHER OF DECEDENT WILLIAM CROTTY

12 MAIDEN NAME OF MOTHER OF DECEDENT ELLEN MOORE

13 NAME OF INFORMANT

ANNA B. CROTTY

RELATIONSHIP TO DECEASED

WIFE

ADDRESS WINTHROP MASS.

25 WILSHIRE ST

14a. Name of Cemetery or Crematory

HOLY CROSS CEMETERY

14b. Location (City, Town or County and State)

MALDEN, MASS

14c. Date of Burial or Cremation

NOV. 17, 1956

15 FUNERAL DIRECTOR ADDRESS

SERVICE CO. INC.

ADDRESS

145 E 74th ST N.Y.C.

PARTICULARS

 MARRIED (write the word)
 SINGLE
 WIDOWED
 DIVORCED

e of wife in full)

me in full)

If under 24 hours

Hours Minutes

ing most of working life)

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE HEALTH DEPARTMENT DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING

RECEIVED



FEB 7 1957 PM

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

249

No. Danvers State Hospital, Hathorne, St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert L. Glassett

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR) W.W.I.(a) Residence. No. 26 Beacon Street
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. years 9 months 10 days. In place of residence. years. months. days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 12, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Mar. 2, 1956 to Dec. 12, 1956
I last saw him alive on Dec. 12, 1956, death is said to
have occurred on the date stated above, at 4:25 a.m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive Heart Disease

Mos.

Due To
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Terminal Pneumonia

days

Was autopsy performed?

Yes

What test confirmed diagnosis?

Autopsy

5 Was disease or injury in any way related to occupation of deceased?
If so, specify.(Signed) Andrew Nichols III M. D.
(Address) Hathorne, Mass. Date 12/12 19566 Holy Cross Malden, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 14, 1956

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley
ADDRESS Winthrop, Mass.

Received and filed JAN 21 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)
MARRIED
WIDOWED single
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 61 Years 5 Months 3 Days If under 24 hours
Hours Minutes13 Usual Occupation: Dental Technician
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Last Boston
(State or country) Mass.

17 NAME OF FATHER Thomas C. Glassett

18 BIRTHPLACE OF

FATHER (City)
(State or country) Unknown

19 MAIDEN NAME OF MOTHER Elizabeth Whelen

20 BIRTHPLACE OF MOTHER (City)
(State or country) Unknown21 Informant Mary I. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

December 12, 1956

DATE FILED 19

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSDanvers
(City or Town making this return)COPY OF
CERTIFICATE OF DEATH

Registered No. 250

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Poulos

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) W.W.I.

(a) Residence. No. 316 Revere
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death. years 1 months 29 days. In place of residence. years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 12, 1956

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 13, 1956 to Dec. 12, 1956

I last saw him alive on Dec. 12, 1956, death is said to

have occurred on the date stated above, at 6:10 a.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive Heart Dis.

Due To
(b)Due To
(c)

OTHER SIGNIFICANT CONDITIONS Hypertrophy of prostate

Was autopsy performed? Clinical & Lab.
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Andrew Nichols III M. D.

(Address) Hathorne, Mass. Date 12/12/56

6 North Burial Ground, Providence, R.I.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 14, 1956

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed DEC 21 1956

(Registrar of City or Town where deceased resided)

INTERVAL
BETWEEN
ONSET AND
DEATH

Yrs.

Yrs.

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Florence, maiden name unk.
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 7 Months 29 Days If under 24 hours Hours Minutes

13 Usual Occupation Waiter
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. 059-01-1158

16 BIRTHPLACE (City) Agrinion
(State or country) Greece

17 NAME OF FATHER Euthemois Constandopoulos

18 BIRTHPLACE OF FATHER (City) Greece
(State or country)

19 MAIDEN NAME OF MOTHER Visilo Colovos

20 BIRTHPLACE OF MOTHER (City) Greece
(State or country)21 Informant Mary E. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED December 17, 1956



X
1
PLACE OF DEATH

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

251

COPY OF
CERTIFICATE OF DEATH

Registered No. 11179

No. Kenmore Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Goldman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence, No. 14 Trident Ave
(Usual place of abode)St. Winthrop, Mass
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months..... $\frac{1}{2}$ days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 13 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from June - 19 55 to December - 19 56
I last saw him alive on Dec 13, 1956, death is said to

have occurred on the date stated above, at 9:15 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To
(b)

Arteriosclerosis

Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? History5 Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. J. LoPresti, M. D.

(Address) Kenmore Hospt Date 12-13 19 56

6 B'Nai Brith of Somerville Peabody
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 14 19 56

7 NAME OF FUNERAL DIRECTOR P R Levine
ADDRESS Brookline, Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced HUSBAND of Ann Phillips
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years.....Months.....Days If under 24 hours Hours.....Minutes

13 Usual Occupation: Grocer retired
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. --

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Morris Goldman

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Annie --

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Wife
(Address)A TRUE COPY ATTEST: Charles H. Macdonald
(Registrar of City or Town where death occurred)

DATE FILED Dec 18 19 56

RECEIVED



JAN 24 1957 AM

-- --
-- --
-- --

USCG

-- --

PLACE OF DEATH

SUFFOLK
(County)
BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF
CERTIFICATE OF DEATH

Registered No.

11254

252

No. Mass Genl Hospt

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Arvedon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. 56 Moore
(Usual place of abode)

St. Winthrop, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 2.....days. In place of residence 11 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 14 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 12, 19 56, to Dec 14, 19 56
I last saw h.....alive on Dec 14, 19 56 death is said to

have occurred on the date stated above, at 5:25A.....m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary embolism

INTERVAL
BETWEEN
ONSET AND
DEATH

2 days

Due To

(b) Thrombophlebitis of leg

3 days

Due To Hypertensive and

(c) Arteriosclerotic heart disease yrs

2 plus

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? No
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) C. L. Clay, M. D.

(Address) Mass Genl Hospt Date 12-14 19 56

6 Place of Burial or Cremation Woburn
(City or Town)

DATE OF BURIAL Dec 16 19 56

7 NAME OF FUNERAL DIRECTOR H Levine
ADDRESS Brookline, Mass

Received and filed Dec 20 19 56

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED Married10a If married, widowed, or divorced
HUSBAND of Sadie Marget
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years.....Months.....Days
If under 24 hours
.....Hours.....Minutes13 Usual Occupation: Employee
(Kind of work done during most of working life)

14 Industry or Business: Boston Edison Co

15 Social Security No. --

16 BIRTHPLACE (City) Boston
(State or country) Mass

17 NAME OF FATHER Michael Arvedon

18 BIRTHPLACE OF FATHER (City)
(State or country) Russia

19 MAIDEN NAME OF MOTHER Rose Marcus

20 BIRTHPLACE OF MOTHER (City)
(State or country) Russia21 Informant Wife
(Address)A TRUE COPY
ATTEST Charles H. Tranter
(Registrar of City or Town where death occurred)

DATE FILED Dec 20 19 56

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

 EDWARD J. CRONIN
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
 COPY OF
 CERTIFICATE OF DEATH

(City or town making return)

Registered No.

253

No. Grover Manor Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

 2 FULL NAME Lucrezia Brusnani (Fauro)
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

 (Was deceased a
 U. S. War Veteran,
 if so specify WAR)

 (a) Residence. No. 105 Cottage Avenue
 (Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 28 days. In place of residence 56 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

 3 DATE OF DEATH December 14, 1956
 (Month) (Day) (Year)

 4 I HEREBY CERTIFY, That I attended deceased from
 Nov. 14, 1956, to Dec. 14, 1956
 I last saw her alive on Dec. 14, 1956, death is said to
 have occurred on the date stated above, at 7:02 A. M.

 DISEASE OR CONDITION
 DIRECTLY LEADING
 TO DEATH (a) Uremia

 INTERVAL BE-
 TWEEN ONSET
 AND DEATH

 48
 hours

 ANTE Due To
 CEDENT (b) Laennec's cirrhosis
 CAUSES of liver

 Due To
 (c) Diabetes mellitus

 1
 year
 5
 years

 OTHER
 SIGNIFICANT
 CONDITIONS

 Major findings:
 Of operations: None

Date of operation.....Was autopsy performed? No

What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

 (Signed) James T. Burns M. D.
 (Address) 537 E. 1st Ave. Date 12/14, 1956

 6 Winthrop Cemetery Winthrop
 Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 17, 1956

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop

Received and filed JAN 17 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

 8 SEX Female 9 COLOR OR RACE White 10 SINGLE (write the word)
 MARRIED WIDOWED Widowed
 or DIVORCED

 10a If married, widowed, or divorced
 HUSBAND of.....
 (Give maiden name of wife in full)

 (or) WIFE of Hector Brusnani
 (Husband's name in full)

11 IF STILLBORN, enter that fact here.

 12 AGE 89 Years 4 Months Days If under 24 hours
 Hours Minutes

 13 Usual Occupation: Housewife
 (Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

 16 BIRTHPLACE (City) France
 (State or country)

17 NAME OF FATHER Eugene Fauro

 18 BIRTHPLACE OF FATHER (City) France
 (State or country)

19 MAIDEN NAME OF MOTHER Cannot be learned

 20 BIRTHPLACE OF MOTHER (City) France
 (State or country)

 21 Informant Edward Brusnani
 (Address) 41-07 15th St., Winthrop, N.Y.

A TRUE COPY

 ATTEST: Joseph T. Burns
 (Registrar of City or Town where death occurred)

DATE FILED December 14, 1956

J.B.

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



JAN 17 1957 AM

PLACE OF DEATH

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

BOSTON

(City or Town making this return)

254

COPY OF
CERTIFICATE OF DEATH

Registered No. 11339

(County)

(City or Town)

No. **Vass Genl Hospt**

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Frederick T Jenness**
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR)(a) Residence. No. **30 Cora**
(Usual place of abode)St. **Winthrop, Mass**
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months **10** days. In place of residence.....years.....months **20** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **December 16 1956**
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 6, 19**56**, to **Dec 16**, 19**56**.
I last saw him alive on **Dec 16**, 19**56** death is said to
have occurred on the date stated above, at **4:55A** m.INTERVAL
BETWEEN
ONSET AND
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Carcinoma, left upper
lobe, bronchus****5 mos**Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? **Yes**
What test confirmed diagnosis? **Autopsy**5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....(Signed) **C L Clay**, M. D.
(Address) **Vass Genl Hospt** Date **12-16-1956**6 **St Marys Cem** **Dorchester**
Place of Burial or Cremation (City or Town)
DATE OF BURIAL **Dec 19 1956**7 NAME OF FUNERAL DIRECTOR **A J O'Maley**
Winthrop, Mass
ADDRESSReceived and filed **JAN 28 1957** 19..

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **M** 9 COLOR **W** 10 SINGLE (write the word)
MARRIED
WIDOWED
or **DIVORCED** **Widowed**10a If married, widowed, or divorced
HUSBAND of **Annie Mulrennan**
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **91** Years.....Months.....Days If under 24 hours
Hours.....Minutes13 Usual Occupation: **Retired**
(Kind of work done during most of working life)14 Industry or Business: **Knitter, Hospital Appliance**15 Social Security No. **023-09-1619**16 BIRTHPLACE (City) **Boston**
(State or country) **Mass**17 NAME OF FATHER **Joseph Jenness**18 BIRTHPLACE OF FATHER (City) **Walden**
(State or country) **Mass**19 MAIDEN NAME OF MOTHER **Catherine Daley**20 BIRTHPLACE OF MOTHER (City) **Ireland**
(State or country)21 Informant **Irene Jenness**
(Address)A TRUE COPY **Charles H. Macdonald**
ATTEST: (Registrar of City or Town where death occurred)DATE FILED **Dec 21 1956**

J.B.J.

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JAN 28 1957 AM

RHODE ISLAND STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

COPY OF RECORD OF DEATH

City or Town Clerk's No.

File No.

255

1. PLACE OF DEATH: (a) County..... (b) City or Town..... Providence (c) Length of Stay..... (d) Full Name of Hospital or Institution..... R I Hospital (If not in hospital or institution, write street number or location)		2. USUAL RESIDENCE OF DECEASED: (a) State..... Mass (b) County..... (c) City or town..... Winthrop (d) Street No..... 3 Johnson Terrace (If rural, give location) (e) Citizen of what country?.....	
3(a) FULL NAME OF DECEASED..... Lucy Barlow 3(b) If veteran,* 3(c) Social Security name war..... No..... 4. Sex..... Female 5. Color or race..... White 6(a) Single, married, widowed or divorced..... Widowed 6(b) If married, widowed or divorced, husband of (or) wife of..... Charles Barlow 6(c) Age of husband or wife, if alive..... years		MEDICAL CERTIFICATION 20. DATE OF DEATH..... Dec 19 1956 (month, day and year) 21. I hereby certify, that I attended the deceased from 19....., to..... 19..... that I last saw h..... alive on..... 19.....; death is said to have occurred on the date stated above at..... m. CAUSE OF DEATH (Enter only one cause for [a], [b] and [c]). (a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.</i> Cancer of Stomach ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Due to..... (b) Due to..... (c) OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> MAJOR FINDING OF OPERATION Date..... What tests confirmed diagnosis?..... AUTOPSY (Yes) (No) <input type="checkbox"/> <input type="checkbox"/>	
7(a) Birth date of deceased..... Feb 25 1872 (Month) (Day) (Year) 7(b) If STILLBORN enter that fact here..... Weeks of gestation..... 8. AGE: 84 Years 9 Months 24 Days If less than one day hr..... min. 9. Birthplace Rhode Island (City, town, or county) (State or foreign country) 10. Usual occupation (Kind of work done during most of life, even if retired)..... 11(a) Kind of business or industry..... 11(b) Date deceased last worked at this occupation (month and year)..... 11(c) Total time (years) spent in this occupation.....		FATHER 12. Name..... Nathaniel Greene 13. Birthplace..... No Kingstown R I (City, town, or county) (State or foreign country) MOTHER 14. Maiden Name..... Lucy B Cole 15. Birthplace..... Providence (City, town, or county) (State or foreign country) 16(a) Informant..... Dorothy S Barlow (b) Address..... 75 Lorraine Ave (Street and number) (City or town) (c) Relationship to deceased..... Niece 17(a) (b) Date thereof..... (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: City or town..... Winthrop Mass Name of cemetery..... Winthrop Cem 18(a) Signature of embalmer..... G Irving Tomey (License No.) (b) Name of Funeral Director..... Frank E Remington Inc (License No.) 19(a) Filed..... Dec 20 1956 (Date received by local registrar) (b) Local Registrar	
22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)..... (b) Date of occurrence..... (c) Where did injury occur?..... (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?..... While at work?..... (Specify type of place)..... (e) How did injury occur?.....		23. Signature..... J M Beardsley M D (M. D. or other) Address..... Date signed.....	

I hereby certify that the foregoing is a true copy of the record as recorded in the books of the

Book No..... Page.....

Town of **Providence** City of..... Rhode Island

This copy issued..... Date

DEC 21 1956

Joseph Smith, M.D.
Local Registrar.

CITY REGISTRAR

RECEIVED



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

JAN 22 1957 AM

SPACE FOR VETERANS ADDITIONAL INFORMATION

Date of entering military service.....
Date of discharge.....
Rank, rating.....
Organization and outfit.....
Service number.....

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M.11-35-9161-5

1

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

256

No. Danvers State Hospital, Hathorne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie Clark (Marsh)
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran,
if so specify WAR) No(a) Residence. No.
(Usual place of abode)St. Winthrop, Mass.
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 2 months 10 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19, 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Oct. 9, 1955, to Dec. 19, 1956
I last saw him live on Dec. 19, 1956, death is said to
have occurred on the date stated above, at 5:15 a.m.INTERVAL
BETWEEN
ONSET AND
DEATH
Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Mesenteric Thrombosis

Due To
(b)Due To
(c)OTHER
SIGNIFICANT
CONDITIONS Arteriosclerotic Heart
Disease with Coronary occlusionWas autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Andrew Nichols III, M. D.

(Address) Hathorne, Mass. Date 12/19 1956

6 Hardwick Hardwick, Mass.
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 21, 1956

7 NAME OF FUNERAL DIRECTOR A. Richmond Walker
ADDRESS Ware, Mass.

Received and filed JAN 21 1957 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)
MARRIED WIDOWED widowed
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of 1st name unknown, Clark
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 1 Months 10 Days If under 24 hours
Hours Minutes13 Usual Occupation: Secretary - retired
(Kind of work done during most of working life)14 Industry
or Business:

15 Social Security No. Unknown

16 BIRTHPLACE (City) Hardwick
(State or country) Mass.

17 NAME OF FATHER Erastus Marsh

18 BIRTHPLACE OF
FATHER (City)
(State or country) Vermont19 MAIDEN NAME
OF MOTHER Sarah Jane Richards20 BIRTHPLACE OF
MOTHER (City) Enfield or Greenwich
(State or country) Mass.21 Informant Mary D. Sheehan
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: Arthur W. Gay
(Registrar of City or Town where death occurred)

DATE FILED Dec. 24, 1956



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-916145

PLACE OF DEATH

SUTTON
BOSTON

(County)

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICSBOSTON
(City or Town making this return)

257

COPY OF
CERTIFICATE OF DEATH

Registered No. 11447

No. Vet Adm Hospt

(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)2 FULL NAME Sylvester S Cosman Jr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a
U. S. War Veteran, WW I
if so specify WAR)(a) Residence. No. 45 Pleasant
(Usual place of abode)St. Winthrop, Mass
(If nonresident, give city or town and State)Length of stay: In place of death.....years.....months.....days. 14
In place of residence.....years.....months.....days. 35

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 19 1956
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
Dec 5 1956 to Dec 19 1956

I last saw h.....alive on, 19....., death is said to

have occurred on the date stated above, at 8:55P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ?Cardiac arrythmia

INTERVAL
BETWEEN
ONSET AND
DEATH

hrs

(b) Due To Sub hepatic abscess
(c) secondary to perforated
duodenal ulcer

days

OTHER
SIGNIFICANT
CONDITIONSWas autopsy performed? Yes
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased?
If so, specify.....(Signed) P L Sallade M. D.
(Address) VAH, Boston Date 12-20 19 566 Winthrop Cem Winthrop
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec 22 19 56

7 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop, Mass

Received and filed FEB 5 1957 19.....

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED10a If married, widowed, or divorced
HUSBAND of Ella W Campbell
(Give maiden name of wife in full)(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 yrs 10 Months 18 Days If under 24 hours
Hours.....Minutes13 Usual Occupation: Janitor
(Kind of work done during most of working life)

14 Industry or Business: Building

15 Social Security No. 028-07-9817

16 BIRTHPLACE (City) Revere
(State or country) Mass

17 NAME OF FATHER Sylvester S Cosman

18 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

19 MAIDEN NAME OF MOTHER Alice Ford

20 BIRTHPLACE OF MOTHER (City) --
(State or country)21 Informant Hospital Records
(Address)

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec 26 56 19.....

RECEIVED



FEB 25 1957 AM

5-28-10

7-15-19

Cpl

US Army

385263

Do not write in
his space — Mar-
in reserved for
CODING and
INDING.

CERTIFICATE OF DEATH
STATE OF NEW HAMPSHIRE

258

DATE OF DEATH
19-25-56

PLACE OF DEATH
7-08

INSTITUTION
0

RESIDENCE
X 20

SEX
2

SC
2

AGE
99

OCCUPATION

BIRTHPLACE
49

CITIZENSHIP
1

VETERAN
2

CAUSE OF DEATH
4/222

DIAGNOSIS

TOWN OR CITY
CLERK'S NO.

STATE FILE NO.

1. NAME OF DECEASED (TYPE OR PRINT) Mary E. Hall			2. DATE OF DEATH December 25, 1956		
3. PLACE OF DEATH A. COUNTY Merrimack			4. USUAL RESIDENCE A. STATE Massachusetts B. COUNTY --		
B. CITY OR TOWN Concord			C. CITY (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS) Winthrop		
C. LENGTH OF STAY (IN THIS PLACE) 7 yrs. 10 mos. 1 day					
D. FULL NAME OF HOSPITAL OR INSTITUTION Christian Science Pleasant View Home			E. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
5. SEX Female			6. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) --		
6. COLOR OR RACE White					
7. MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>					
9. DATE OF BIRTH Aug. 11, 1857			10. AGE (IN YEARS LAST BIRTHDAY) 99		
11. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired Christian Science Practitioner			12. KIND OF BUSINESS OR INDUSTRY		
12. BIRTHPLACE (CITY OR TOWN, STATE) Scotland, Maine to Rhode Island when a baby			13. CITIZEN OF WHAT COUNTRY? USA		
14. FATHER'S NAME George Henry Watts					
15. MOTHER'S MAIDEN NAME Isabelle Snedden			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) no		
17. SOC. SEC. NO. none					
18A. INFORMANT Helen A. Sawyer			18B. ADDRESS --		
19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Chronic Myocarditis					
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.					
} DUE TO (B) Senility					
DUE TO (C)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A)					
20. INTERVAL BETWEEN ONSET AND DEATH 3 mos.					
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)					
21C. TIME OF INJURY MONTH DAY YEAR HOUR M.					
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
21E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLOC., ETC.)					
21F. CITY, TOWN OR LOCATION COUNTY STATE					
22. I attended the deceased from never seen alive-Christian Scientist, and last saw her alive on Death occurred at 8:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
23A. SIGNATURE Robert O. Blood					
23B. ADDRESS Concord, New Hampshire					
23C. DATE SIGNED 12-26-56					
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>					
24B. DATE 12-29-56					
24C. NAME OF CEMETERY OR CREMATORY Mount Auburn Cem.					
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Cambridge, Mass.					
24E. PLACE OF BURIAL					
25. FUNERAL DIRECTOR'S SIGNATURE Peaslee & Maxham Concord, N.H.					
ADDRESS P. A. Boucher, M. D.					
COUNTERSIGNED-AGENT (CITY BO. OF HEALTH) DATE 12-26-56					
DATE REC'D BY TOWN OR CITY CLERK Dec. 26, 1956					
CLERK'S OWN SIGNATURE Arthur E. Roby					
CLERK OF Concord, N. H.					

True copy, Attest: Clerk of Concord, N.H. Dated Dec. 27 56

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FEB 5 1957 AM

